2016 Traffic Safety Summit "The New UD-10 Crash Report"

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History

- Federal Traffic Records Assessment suggested Michigan work to become more compliant with federal reporting guidelines.
- In the spring of 2009, a MMUCC review board was formed and included members from several different organizations along with law enforcement personnel.
- October, 2012 we kicked off the UD-10
 Traffic Crash Form Revision Project which is being combined with a database modernization effort.
- The revised form will be implemented on January 1, 2016.



History

- The UD-10 Revision Team included members from the following departments:
 - Michigan State Police (TCRU)
 - Michigan State Police (enlisted)
 - Dept. of Management and Budget
 - Secretary of State
 - MI Dept. of Transportation
 - Grand Rapids Police Dept.
 - Isabella County Sheriff Dept.
 - Livonia Police Dept.



Goals

- To become more federally compliant (MMUCC).
- To capture more information in order to provide better data for traffic safety.
- To remove unused and outdated fields and attributes on the current form.
- To have the form remain a two-sided, single page report.



Michigan's Score (currently)

	MMUCC Compliance	MI Compliant	Percentage
Elements	107	75	70%
Officer Collected	75	65	87%
Derived	10	8	80%
Linked	22	2	9%

<u>Elements:</u> Individual pieces of information about the crash.

Officer Collected: Obtained and recorded by the officer.

<u>Derived:</u> Done on the back end, i.e., driver age from DOB.

Linked: Connected to another database, i.e.. Driver status from SOS.



Michigan's Score (2016)

	MMUCC Compliance	MI Compliant	Percentage
Elements	110	90	82%
Officer Collected	77	71	92%
Derived	10	10	100%
Linked	23	9	39%

Other Elements not collected:

Type of helmet for motorcycles and bicycles. Type of reflective clothing worn by Peds, bikes, etc. Type of intersection, i.e. T, Y, 4-way, etc.

No other state is 100% compliant! just as long as we follow the suggestions and show progress.



		February 20, 2015	Page	OT .
MSP UD - 10 (Rev. 01/2016) Authority: 1949 PA 300, Sec. 257.622	1121122		Incident #	
Compliance: Required Penalty: \$100 and/or 90 days	State of Michigan	Traffic Crash Repo	File Class	Investigated at Scene
	State of Michigan	Traine Orașii Nepe	THE CIASS	O Yes O No
ORI De	epartment Name	investigator(s)	Bac	ige# Photos Reviewer
MI				○ Yes
	ash Time (Mit.) No. of Units Crash Type	0.5-4-10-10-10-10-10-10-10-10-10-10-10-10-10-	0.11-12-1-2	O No
Crash base	ash Time (Mit.) No. of Units Crash Type	O Single Motor Vehicle O Head Or	O Head On-Lett lum C	Angle O Backing O Rear End
M M D D Y Y Y H	H M M O Rear En	d-Left Turn	Sideswipe-Same OSideswi	pe-Opposite OOther OUnknown
Special Circumstances O None O	Hit and Run O School Bus Special Che	cks Fatal Corrected Copy	Weather Light Ros	ad Surface Condition Total Lanes
○ Fleeing Police ○ Unknown	Animal Replace	O Delete O Non-Traffic		
	ORW/8no			
County City/Twp Area Traffic C			ork Zone-Activity Work Zon	e-Location Contributing Circumstances
	Const./	Maint O Yes		" -
	Utility	Location		
Prefix Primary Road Name		Location	Road Typ	e Suffix Divided Roadway
			$\Box\Box\Box\Box$	TITI ON OS
	<u> </u>			OE OW
Distance	Direction	Trafficway	Speed Li	
Feet OM	lles O North O South O East O Wes	1 01 02 03 04	O5 O6	O Yes
Prefix Intersecting Road Name	Beginning of Ramp C End of Ramp		Road Typ	No Divided Roadway
The second road Name		 	T T T	ON OS
	<u> </u>	<u> </u>		LILL IOE OW
		Unit / Driver		
Unit Number Driver's License State	/ Number	Date of Birth	Unit Type	Sex
		MM/DD/YYYY	OW OB OP O	E(Train) OM OF
	<u> </u>	11 1/1 1 1/1 1 1 1		
Name			Offiver is Owner L	Icense Type Oo Oc O M
Street Address			E	indorsements O CY O F O R
City	State ZIP	Phone	injury OK O/	
		Driver Distracted By		
Position Restraint Airbag	Condition at Time of Crash	Driver Distracted By	Total Occupants Hospita	Code Ambulance Code
	rapped O			
Citation		Hazardous Action Action Prior	Sequence of Events (M -	Most Harmful Event)
O Hazardous—		1	1 st 2 ^{sd}	3 rd 4 th
O Other			(Q Q	
		<u></u>	-	
Alcohol Suspected Contributing Fa	ctor Test Type (Breath (Blood O Urine	Test Results	Interlock Device
Alcohol Suspected Contributing Fa		Blood Urine Refused Not Offered		Results Over O No
	No O Field O PBT O	_	Test Results	Interiock Device
OYes ONo OYes OI	No O Fleid O PBT O	Refused Not Offered Urine	Test Results	Results Yes No
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UD-10 Front



	/ Driver		
Unit Number Driver's License State / Number Date of Bir		OMV OB OP OE	Sex Train) OM OF
Name		O Driver is Owner Licer	nse Type Oo Oc O M
Street Address		Endo	orsements O CY O F O R
City State Zip Phone N	lumber	Injury OK OA	OB OC O0
	stracted By	Total Occupants Hospital Cod	de Ambulance Code
Trapped O			
	us Action Prior		ost Harmful Event)
Other		1" 2" W	3" 4" U
) Urine	Test Results	Interiock Device
○ Yes ○ No ○ Yes ○ No ○ Field ○ PBT ○ Refused ○	Not Offered		Results Yes No Pending
Drug Suspected Contributing Factor Test Type Slood ○ Urine ○ Yes ○ No ○ Yes ○ No ○ Refused ○ Not Offered		Test Results	Results Pending
	ehicle		
Vehicle Registration State Insurance Company		Policy Number	
Towed By		Towed To	
VIN Year Make	Model	Color	Special Vehicles Vehicle Use
Vehicle Type Location of Greatest Damage 1st Impact Extent of Damage	Vehicle Direction	Private Trailer Type	Vehicle Defect
			,
	sengers		
Name		E	Ejected 🔘
Street Address		Sex OM OF T	Trapped 🔘
City State ZIP Phone		Injury O K O A	08 00 00
Date of Birth Position Restraint Airting Hospital	Code	Ambulance Code	
Name		E	ejected O
Street Address		Sex OM OF T	rapped O
City State ZIP Phone		Injury OK OA	OB OC O
Date of Birth Position Restraint Alrhag Hospital (Code	Ambulance Code	
Owner Name		Address	
Uninjured Passenger Phone Age	Pos. Rest.	\dashv	
Owner Name		Address	
Uninjured Passenger Witness Age	Pos. Rest.		
Truck / Bus		0.10	
Unit # Carrier Name	North	Crash Diagram	
Address			
City State ZIP			
GVWR / GCWR 010,000 LBS or Less 010,001 - 25,000 LBS 025,001 LBS or More			
Vehicle Configuration Cargo Body Type HAZMAT HAZMAT ID HAZMAT Class	s		
Placard Cargo Spili			
USDOT MC MPSC			
CDL Type Endorsements	-		
OA OB OC ONone OH OP OT ON OS OX			
Medical Card Exempt Remarks / Narrative			
Yes			
	-		
UD -10 Serial Number	-		

UD-10 Back



STATE OF MICHIGAN TRAFFIC CRASH REPORT GUIDE

Revised 01/20/15



Animal

- 1. Deer
- 2. Turkey
- 3. Elk 4 Moose
- 5. Bear
- 97. Animal (Other)
- 98. Animal (Unknown)

Weather

- 1. Clear
- 2. Cloudy
- 3. Foa
- 4. Rain 5. Snow
- 6. Severe Crosswinds
- 7. Sleet / Hail
- 8. Blowing Snow
- 9. Blowing Sand, Soil, Dirt 10. Smoke
- 98. Unknown

Liaht

- 1. Daylight 2. Dawn
- 3. Dusk
- 4. Dark-Lighted
- 5. Dark-Unlighted
- 97. Other
- 98. Unknown

Road Surface Condition

- 1. Drv
- 2 Wet
- 3. Ice
- 4. Snow
- 5. Mud, Dirt. Gravel
- 6. Slush
- 7. Debris
- 8. Water (Standing / Moving)
- 9. Sand
- Oily
- 97. Other
- 98. Unknown

Work Zone - Activity

- 1. Lane Closure
- 2. Lane Shift / Crossover
- 3. Work on Shoulder or Median
- 4. Intermittent or Moving Work 97. Other

Work Zone - Location

- 1. Before the First Work Zone Warning Sign
- 2. Between the First and Last Work Zone Warning Sign
- 3. No Warning Signs

Contributing Circumstances

- 1. Prior Crash
- 2. Backup Due to Regular Congestion
- 3. Backup Due to Other Incident

Relation to Roadway

4. Outside of Shoulder / Curb

7. Off Roadway (Non-Traffic)

- 5. Traffic Control Device Inoperative, Missing or Obscured
- Shoulders

1. On the Road

2. Median

3. Shoulder

8. Sidewalk

Gore

- (None, Low, Soft, High)
- 96 None
- 97. Other
- 98. Unknown 11. Curved Roadway Not Related
- to Other Selections 12. Driveway Related Not within

to Other Selections

Area

1. Entrance / Exit Ramp Related

2. Authorized Median Crossover

3. Transition Area / Increase or

Decrease in Travel Lanes

5. Scale / Weigh Station Related

8. Driveway Related within 150 ft.

9. Intersection Related-Other

► Other Non-Freeway Areas

10. Straight Roadway Not Related

of Nearest Edge of Intersection

6. All Other Freeway Areas

4. Rest Area Related

20. Curved Roadway

7. Within Intersection

►Intersection

21. Roundabout

▶ Freeway

- 150 ft. of Intersection 13. Parking Related Legal
- Roadside
- 14. Transition Area / Increase or Decrease in Travel Lanes
- 15. Median Crossing Related
- 16. Railroad Crossing Related
- 17. Rest Area Related
- 18. Scale / Weigh Station Related
- 19. Non-Traffic Area
 - 9. Bicycle Lane 98. Unknown
- 97. Other

1. Signal

2. Stop Sign

Beacon

4. Yield Sign

96. None

98. Unknown

3. Stop Sign with Flashing

Traffic Control

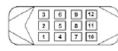
Trafficway 1. Not Physically Divided

6. On-Street Parking

- (Two-Way Traffic) 2. Divided Highway without Traffic
- 3. Divided Highway with Traffic
- 4. One-Way Traffic
- Non-Traffic
- 6. Two-Way, Not Divided, with a Continuous Left Turn Lane

Position

- B Bicyclist P Pedestrian
- E Engineer (Railroad / Train)



- 13. Sleeper Section
- 14. Other Enclosed Passenger / Cargo Area
- Other Unenclosed Passenger. Cargo Area
- 16. Riding In / On Trailing Unit 17. Riding On Vehicle Exterior
- 98. Unknown
- ▶ Motorcycles, Snowmobiles, Etc. (In-Line Seating)
- 1. Driver
- 4. Passenger One
- 7. Passenger Two
- 15. Other Unenclosed Passenger / Cargo Area

Restraint Use

- 1. No Belts Available 2. Shoulder Belt Only Used
- 3. Lap Belt Only
- 4. Shoulder and Lap Belt
- 5. No Belts Used
- 6. Child Restraint System -Forward Facing
- 7. Child Restraint Not Used or Improperly Used
- 8. Child Restraint System -Rear Facing
- 9. Child Restraint System -Booster Seat
- 10 Restraint Failure
- 11. Restraint Use Unknown 12. Helmet Worn
- 13. Helmet Not Worn Helmet Use Unknown

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2. Manually Operating an 23. Parked Electronic Communications 35 Other Unknown (Texting, Typing, Dialing) 37. Avoiding Animal 3. Talking on Hands-Free 38. Negotiating a Curve Electronic Device 4. Talking on Hand-Held ▶ Pedestrian Action Electronic Device 24. Crossing at Intersection 5. Other Activity, Electronic 25. Crossing Not at Intersection Device 26. Getting On / Off Vehicle (Book Player, Navigation Aid) 27. In Roadway with Traffic Passenger 28. In Roadway Against Traffic 7. Other Activity Inside the Vehicle 29. Standing / Lying in Roadway (Eating, Personal Hygiene) 30. Pushing / Working on Vehicle Outside the Vehicle 31. Other Working in Roadway (Includes Unspecified External Distractions) 32. Playing in Roadway 33. In Roadway Other Reason 98 Unknown 34. Not in Roadway 35. Other **Hazardous Action** 36. Unknown 0. None Sequence of Events 1. Speed Too Fast Non-Collision 2. Speed Too Slow 1. Loss of Control 3. Failed to Yield 2. Cross Centerline 4. Disregard Traffic Control 46. Cross Median 5. Drove Wrong Way 3. Ran Off Roadway - Left 6. Drove Left of Center 4. Ran Off Roadway - Right 7. Improper Passing 5. Re-enter Roadway 8. Improper Lane Use Overturn 9. Improper Tum 7. Separation of Units Improper / No Signal 11. Improper Backing 8. Fire / Explosion 9. Immersion 12. Unable to Stop in Assured Clear Distance Jackknife 13. Other 11. Downhill Runaway 14. Unknown Cargo Loss / Shift 15. Reckless Driving 13. Individual Fell from Vehicle 47. Equipment Failure (Blown Tire. 16. Careless Driving Brake Failure, Etc.) 14. Other Non-Collision ► Collision with Non-Fixed Object Pedestrian Bicyclist 17. Motor Vehicle in Transport* 18. Parked Motor Vehicle

Action Prior to Crash

5. Involved in Prior Crash at Same

8. Slowing / Stopping on Roadway

9. Slowing / Stopping Other Area

10. Starting Up on Roadway

11. Starting Up in Other Area

1. Going Straight Ahead

4. Stopped on Roadway

▶ Driver Action

2. Turning Left

3. Turning Right

6. Changing Lanes

Entering Parking

13. Leaving Parking

14. Entering Roadway

15. Leaving Roadway

17. Overtaking or Passing

19. Avoiding Pedestrian

22. Driverless Moving

21. Avoiding Vehicle (Angle)

20. Avoiding Vehicle (Front / Back)

16. Making U-Tum

18. Avoiding Object

7. Backing

Airbag

1. Deployed-Front

2. Not Deployed

3. Not Equipped

4. Deployed-Side

5. Deployed-Curtain

6. Deployed-Other

1. Appeared Normal

5. Fatigued or Asleep

10. Physically Disabled

98. Unknown

4. Sick

Medication

Emotional

99. Unknown

1. Not Distracted

97. Other

(Knee, Air Belt, Etc.)

7. Deployed-Combination

Condition at Time of Crash

Driver Distracted By

Any injury other than fatal which prevents normal activities and generally requires hospitalization B - Suspected Minor Injury: to others at the scene C - Possible Injury: Any possible injury that is reported or claimed O - No Injury: No indication of injury Special Vehicles 1. Police

4. Ambulance

5. Farm Equipment

7. Tow Truck / Wrecker

2. Commercial (Business)

5. School / Education

6. Club / Church

3. In Pursuit / On Emergency

Equipment

1 Private

4. Farm

6. Construction / Maintenance

Vehicle Use

Sequence of Events (cont.)

48. Work Zone / Maintenance

49. Cargo Falling / Shifting / or

Engineer (Railroad / Train)

By a Motor Vehicle

21. Other Non-Fixed Object

22. Bridge Pier / Support

► Collision with Fixed Object

50. Bridge Overhead Structure

Anything Set in Motion (SIM)

Equipment

20. Animal

24. Bridge Rail

25. Guardrail Face

26 Guardrail End

51. Cable Barrier

33. Culvert 34. Curb

35 Ditch

37 Fence

38. Mailbox

41. Building

42. Traffic Island

43. Fire Hydrant

Cushion

motion or on a roadway.

K - Fatal Injury:

45. Other Fixed Object

39. Tree

36. Embankment

27. Concrete Barrier

28. Traffic Sign / Post

29. Traffic Signal Equipment

30. Utility Pole / Light Support

32. Other Post / Pole / Support

40. Railroad Crossing Signal

44. Impact Attenuator / Crash

In transport means a motor vehicle in

Injury

A - Suspected Serious Injury:

Any injury which results in death

Vehicle Use (cont.)

8. Other Government

Maintenance

2. Motor Home

3. Pickup Truck

4. Small Truck

Motorcycle

8. Snowmobile

11. Truck / Bus

10. Other

8

9. Undercarriage

10. Multiple

98. Unknown

1. No Damage

98. Unknown

2. Minor Damage

3. Functional Damage

4. Disabling Damage

11. None

6. Moped / Goped

7. Go-Cart / Golf Cart

9. Off Road Vehicle (ATV Type)

Location of Greatest

Damage / First Impact

3

7

Extent of Damage

Vehicle Direction

Private Trailer Type

6. Truck Coupling / Trailer Hitch /

Top (Roof)

5

6

10. Road Construction / Other

Vehicle Type

1. Passenger Car, SUV, Van

(Under 10,000 lbs)

9. Utility

11 Other

1 North Any minor injury that is evident 2. South 3. East 4. West Utility 2. Fire 3. Bus

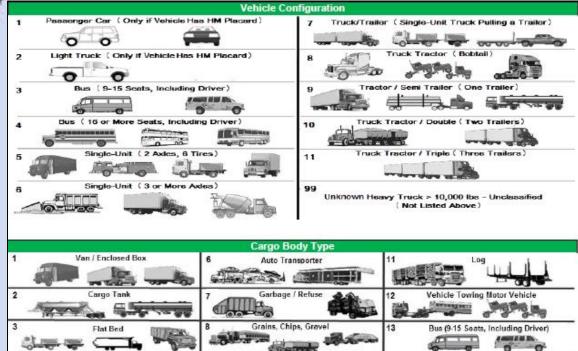
2. Travel Trailer 3. Boat Trailer 4. Farm Equipment Towed Auto 6. Recreational Double Other Vehicle Defects 1. Brakes 2. Lights Steering 4. Tires / Rims 5. Windows / Windshield

Safety Chains

97. Other

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Pole Bus (16 or More Seats, Including Driver) Concrete Mixer Intermodal Chassis No Cargo Body 10 97 Other



Endorsements

H. Hazardous P. Passenger N. Tank S. School Bus

T. Double/Triple

X. Tank and Hazardous

Contact Information

For any further questions, please contact the Criminal Justice Information Center at 517-241-1699

UD-10 Guide Page 3



New Fields

- Contributing Circumstances
- Work Zone
- Driver is Owner
- Driver Distracted By
- Extent of Damage
- Vehicle Configuration



Contributing Circumstances

MSP UD - 10 (Rev. 01/2019)	P80 0.
Authority: 1949 PA 300. 8ec. 257.622	nil 15, 2014 Incident #
Compliance: Required Penalty: \$100 and/or 90 days State of Michigan	Traffic Crash Report Fie Class Investigated at Scene
-	· O Yest O №
	Investigator(s) Badge # Photos Reviewer
MI	O No
Crash Date Crash Time (Ma.) No. of Units Crash Type	○ Single Motor Vehicle○ Head On ○ Head On-Left Turn ○ Angle ○ Backing ○ Rear End
M M D D Y Y Y H H M M O Rear Ends	Left Tum ○ Rear End-Right Tum○ 8ideswipe-8arre ○ 8ideswipe-Opposite ○ Other ○ Unknown
Special Circumstances None Ht and Run School Bus Special Checks	s O Fatal O Corrected Copy Weather Light Road Surface Condition Total Lanes
O Fleeing Police O Unknown Animal O Replace	O Delete O Non-Traffic
ORV/snown	mobile Work Zone-Workers Present Work Zone-Activity Work Zone-Location Contributing Circumstances
O Const. / Ma	
O UNITA	
Prefix Primary Road Name	Location Road Type Suffix Divided Roadway
	ON 0 8
Direction Direction Direction Direction Direction Direction Direction Direction Direction	Trafficway Speed Limit Posted
○ Beginning of Ramp○ End of Ramp	0 · 0 2 0 · 0 · 0 · 0 · 0 · 0 · 0 · 0 ·
Prefix Intersecting Road Name	Road Type Suffix Divided Roadway
	Unit / Driver
	late of Birth Unit Type Sex
	MM/DD/YYYOMVOBOPOE(Train) OM OF
Name	O Driver is Owner License Type OO OO M
Street Address	Endorsements O CY O F O R
	Phone Injury OK OA OB OC OO
Some Books Albert Brown and State Albert Brow	injury O K O A O B O C O O injury O K O A O B O C O O injury O K O A O B O C O O injury O K O A O B O C O O injury O K O A O B O C O O
Position Restraint Airbag Ejected Condition at Time of Crash D	Total occupants inspiral code Ambulance code
Trepped O	
Citation H	azardous Action Action Prior Sequence of Events (M = Most Harmful Event)
O Other	
Alcohol Buspected Contributing Factor Test Type Breath B	lood Urine Test Results Interlock Device
O Yes O No O Pet O Re	etised O Not Offered Results O Yes O No
Drug Buspected Contributing Factor Test Type Blood Ur	ine Test Results Baruter
O Yes O No O Yes O No O Refused O No	- Feliding
Vehicle Registration State Insurance Company	Vehicle
	Policy Number
Towed By	Towed To
VIN Year Ma	ke Model Color Special Vehicle Use
 	
Vehicle Type Location of Greatest Damage 1* Impact Extent of Dam	age Vehicle Direction Private Trailer Type Vehicle Defect
	Passengers
Name	Ejected 🔾
Street Address	Sex O M O F Trapped O
City State ZIP	Phone Injury O K O A O B O C O O
	Hospital Code Ambulance Code
MMCDYYYY TO CO	America coce
Name	Ejected 🔾
Street Address	8ex ○ M ○ F Trapped ○
City State ZIP	Phone Injury O K O A O B O C O O
	Hospital Code Ambulance Code
M M D D Y Y Y Y	
Owner Name	Address
○ Uninjured Passenge	Age Pos. Rest.
Witness Owner Name Uninjured Passenge	Address
¥	Age Pos. Rest.
O Uninjured Passenge Phone	
O Witness	nge rus. Inest.
O Uninjured Passenge Phone Reported Date Reported Time	Darraged Property
O Witness	



Contributing Circumstances

Allows the officer to select two choices.

Contributing Circumstances						
1st	2 nd					

- These are "external factors" that may have contributed to the crash.
- These are not meant to take blame away from the "at fault driver".
- Able to capture things that may have only been mentioned in the Remarks section of the current form.



Contributing Circumstances

Again, two choices are allowed.

Contributing Circumstances

- Prior Crash
- Backup Due to Regular Congestion
- 3. Backup Due to Other Incident
- 4. Glare
- Traffic Control Device Inoperative, Missing or Obscured
- Shoulders (None, Low, Soft, High)
- 96. None
- 97. Other
- 98. Unknown

Contributing Circumstances						
1 st	1 st 2 nd					



M8P UD - 10 (Rev. 01/2019) Revised	PROF O.
Authority: 1949 PA 300, Sec. 257.622	April 15, 2014 Incident #
Compilance: Required Penalty: \$100 and/or 90 days State of Michigan	Traffic Crash Report Fis Class Investigated at Scene
_	· O Y ■ O №
ORI Department Name	Investigator(s) Badge # Photos Reviewer
MI	O No
Crash Date Crash Time (viii.) No. of Units Crash Type	
M M D D Y Y Y H H M M	nd-Left Turn O Rear End-Right Turn Sideswipe-Same O Sideswipe-Opposite O Other O Unknown
	ecks O Fatal O Corrected Copy Weather Light Road Surface Condition Total Lanes
O Replace O Linkman Animal O Replace	O Delete O Non-Traffic
O ORV/8no	
County City/Twp Area Traffic Control Relation to Roadway Work Zone-T	
O Usino	O No
Prefix Primary Road Name	Location Road Type Suffix Divided Roadway
Pielix Pililay Rusu Name	NOS 1992 SOMA DONOS
Distance Direction	Trafficway Speed Limit Posted
Feet O Mice O North O South O East O We-	\$ 01 02 03 04 05 06 U
Prefix Intersecting Road Name	Road Type Suffix Divided Roadway
	ON OS OE OW
	Unit / Driver
Unit Number Driver's License State / Number	Date of Birth Unit Type Sex
	M M / D D / Y Y Y OMV O B O P O E (Train) OM O F
Name	○ Driver is Owner License Type ○ ○ ○ ○ M
Street Address	Endorsements O CY O F O R
City State ZIP	
	inter Or Or Or Or
Position Restraint Airbag Ejected Condition at Time of Crash	Driver Distracted By Total Occupants Hospital Code Ambulance Code
Trapped O	
Citation Hezzerdous	Hazardous Action Action Prior Sequence of Events (M = Most Harmful Event)
Other	
Alcohol Suspected Contributing Factor Test Type Breath	Blood Urine Test Results Interlock Device
	Results O Yes O No
○ Yes ○ No ○ Yes ○ No ○ Field ○ PBT ○ Drug Suspected Contributing Factor Test Type ○ Blood ○	Refused Not Offered Results Pending Yes No
O Yes O No O Yes O No O Reid O PBT O	Results ○ Results Urine Test Results Not Offered ○ Results Pending ○ Pending
○ Yes ○ No ○ Field ○	Results O Not Offered Results O Pending O No No No Not Offered O Not Offered O Pending
○ Yes ○ No ○ Field ○ PST ○ Drug Suspected Contributing Factor Test Type ○ Blood ○ ○ Yes ○ No ○ Yes ○ No ○ Field ○ Retised ○ Venicle Registration State Insurance Company	Results O No Offered Pending O No Pending Uline Test Results Results Pending Vehicle Policy Number
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○ Yes ○ No ○ Field ○	Results Oves No Pending Unine Test Results Results Vehicle Policy Number Towed To Make Model Color Special Vehicle Vehicle Use
○ Yes ○ No ○ Field ○	Results O vs Offered Pending O vs O No Pending O
○ Yes ○ No ○ Yes ○ No ○ Field ○ PST ○ Chug Buspected ○ Contributing Factor ○ Test Type ○ Blood ○ Yes ○ No ○ Yes ○ No ○ Field ○ Refused ○ Verlicle Registration □ State □ Insurance Company ■ Year ○ Verlicle Type □ Location of Greatest Damage □ 1* Impact □ Extent of De	Results O No Offered Test Results Results O Yes No Pending O Yes No No Pending O Yes No No Pending O Yehicle Vehicle Policy Number Towed To
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Ves No Ores No Pield PST ORIGINAL PST ORIGIN	Results Oves No Pending Unine Test Results Results Results Vehicle Policy Number Towed To Make Model Cobr Special Vehicles Vehicle Use amage Vehicle Direction Private Trailer Type Vehicle Defect Passengers Ejected O Bax M M F Trapped O Hospital Code Ambulance Gode Ejected O
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Yes No Pield PRT Chug Buspected Contributing Factor Test Type Blood Yes No Yes No Vehicle Registration Blaste Insurance Company Towed By Year Year Vehicle Type Location of Greatest Camage '* Impact Extent of Delay Name Breat Address Blaste ZiP City Position Restraint Airbag Mall D Y Y Y Y Breet Address City State ZiP	Results
Yes No Offes No Field PST Chug Buspected Conntibuting Factor Test Type Blood No Vehicle Registration State Insurance Company Vehicle Registration State Insurance Company Vin Year Year Vehicle Type Location of Greatest Damage 1* Impact Extent of Dr Name Breet Address City Btate ZJF Date of Birth Position Restraint Airbag Name Breet Address ZJF Cate of Birth ZJF Cate of Birth Position Restraint Airbag Cate of Birth Position Restraint Airbag	Results
○ Yes ○ No ○ Field ○	Results
O Yes O No O Yes O No O Field O PST O Drug Buspected Conditioning Feator Test Type O Blood O Pseudo O	Results
Ves No Ves No Pield PST Chug Buspected Contributing Factor Test Type Blood Ves No Ves No Field Pst Pst Pst Type Blood Vehicle Registration State Insurance Company Towed By Vehicle Type Location of Greatest Camege 1* Impact Vehicle Type Location of Greatest Camege 1* Impact Name Bitect Address City Blate ZiP Cate of Bitth Pst Address Bitate ZiP Cate of Bitth Position Restraint Airbag Name Bitect Address City Blate ZiP Cate of Bitth Position Restraint Airbag Mam Bitect Address City Blate ZiP Cate of Bitth Position Restraint Airbag Mill D N Y Y Y P Position Restraint Airbag Mill D N Name Company Name Company Position Restraint Airbag Mill D N Name Company Name Compa	Results
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Yes	Results
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Work Zone-Type	Work Zone-Workers Present	Work Zone-Activity	Work Zone-Location
O Const. / Maint.	O Yes		
O Utility	O No		

- Work Zone Type:
 - Construction/Maintenance
 - Utility
- Work Zone Workers Present:
 - Yes
 - No



Work Zone-Type	Work Zone-Workers Present	Work Zone-Activity	Work Zone-Location
O Const. / Maint.	O Yes		
O Utility	O No		

Work Zone – Activity:

 What type of activity was going on within that construction zone?

Work Zone – Location:

 Where, within that construction zone, did the crash occur?



Work Zone-Type	Work Zone-Workers Present	Work Zone-Activity	Work Zone-Location
O Const. / Maint.	O Yes		
O Utility	O No		

Work Zone - Activity

- 1. Lane Closure
- 2. Lane Shift / Crossover
- 3. Work on Shoulder or Median
- 4. Intermittent or Moving Work
- 97. Other

Work Zone - Location

- Before the First Work Zone Warning Sign
- 2. Between the First and Last Work Zone Warning Sign
- 3. No Warning Signs



Driver is Owner

MBP UD - 10 (Rev. 01/2016)	Revised A	pril 15, 2014	PROF 0	
Authority: 1949 PA 300, 8ec. 257.622 - Compilance: Required Penalty: \$100 and/or 90 days			Incident #	
	_	Traffic Crash Repo	Fie Cass	Investigated at Scene ○ Yes ○ No
	epartment Name	Investigator(s)	Badge #	Photos Reviewer O Yes
MI				Ó №
	rash Time (VIII.) No. of Units Crash Type	O Single Motor Vehicle Head On	○ Head On-Left Turn ○ Angle ○	Backing O Rear End
		d-LeftTum ○ Rear End-RightTum○ 8		
Special Circumstances None	C Services	cks C Fatal C Corrected Copy Celete Non-Traffic	Weather Light Road Surface Cor	ndition Total Lanes
Fleeing Police	ORV/8nd	wmobile		
County City/Twp Area Traffic C	Control Relation to Roadway Work Zone-Ty O Const. / I		k Zone-Activity Work Zone-Location C	ontributing Circumstances
	O USIIIV	O №		·
Prefix Primary Road Name		Location	Road Type Suffix	Divided Roadway
				ON O8
Distance	Direction	Trafficway	Speed Limit	O E O W
○ Feet ○ I	Miles North O South O East O Wes	01 02 03 04 (25 06	O Yes
Prefix Intersecting Road Name	O segningor rango accor rang		Road Type Suffix	Divided Roadway
				O N O 8
		Unit / Driver		10.0.
Unit Number Driver's License State	e / Number	M M / D D / Y Y Y Y	Unit Type OMV O B O P O E (Typ)	Sex Om O F
				0 0.
Name Street Address			O Driver is Owner Lic	
City	State ZIP	Phone		OCYOFOR
	Condition at Time of Court		Injury O K O A O B Total Occupants Hospital Code	O C O O Ambulance Code
	2			
Citation	Trapped O	Hazardous Action Action Prior	Sequence of Events (M = Most Harmfu	(Event)
O Hazardous O Other			o	m _å m
Alcohol Suspected Contributing Fi	actor Test Type Breath	Blood O Urine	Test Besuits	Interlock Device
O Yes O № O Yes O	O FIGURE O	Refused O Not Offered		O Yes O №
O Yes O No O Yes O			Test Results Results Results	
	TO THE OTHER	Vehicle	Pending	
Vehicle Registration	State Insurance Company	Poli	cy Number	
	Towed By		ed To	
VIN	Year 1	fake Model	Color Special Ve	hicles Vehicle Use
Vehicle Type Location of Greatest I	Damage 1" Impact Extent of Da	mage Vehicle Direction	Private Trailer Type Vehicle D	efect
Name		Passengers	Ejected (
Street Address			Sex O M O F Trapped (-
City	State ZIP	Phone	Injury O K O A O	
Date of Birth	Position Restraint Airbag	Hospital Code	Ambulance Code	
MMDDYYYY				
Name			Ejected (0
Street Address			Sex O M O F Trapped (
City	State ZIP	Phone	Injury O K O A O	B 0° 0°
Date of Birth M M D D Y Y Y Y	Position Restraint Airbag	Hospital Code	Ambulance Code	
			Address	
Uninjured Passenge Bhase		Age Pos. Rest.	Audica5	
○ Witness			Address	
Owner Name Uninjured Passenge Witness		Age Pos. Rest.	-	
Reported Date	Reported Time	-	1	
UD-10 SERIAL NUMBER	Serial Override	Owner & Phone	,	Public () Yes () No
UUMU SERIAL NUMBER	Number			



Driver is Owner

O Driver is Owner

- Added as an easy way to determine if the driver is also the registered owner of the vehicle.
- Beneficial when releasing vehicles from an impound or towing lot.

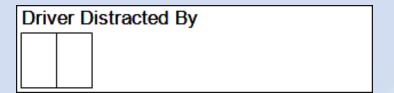


Driver Distracted By

					Control					
MSP UD - 10 (Rev. 01/2016)		Revised A	pril 15, 2014							
Authority: 1949 PA 300, Sec. 257,622					Incid	tent #				
Compliance: Required Penalty: \$100 and/or 90 days	State of	Michigan i	Traffic Cras	h Repo	rt Fies	300		Inves	rigated at 3	Scene
		·····ge						101	• O N	b
ORI Depa	artment Name		Investi	gator(s)		88	dge #	Pho		tevlewer
MI						İ		0		
								0	No	
Crash Date Crash	h Time (Mil.) No. of Ur	nits Crash Type	Single Motor Vehi	de○ Head On	O Head On	Left Tum (⊃ Angle (O Backin	0	Rear End
M M D D Y Y Y Y H	H M M	0 5000 500	Heft Turn () Rear End-		Manufac Carre	O 88-	ulas-Canas			Linkmoure
Special Circumstances None O	Ht and Run School		ks 🔾 Febbl 🔾 Cor		Weather Lig	tht Ro	ad Surface	Condition	Total L	anes
○ Fleeing Police ○ Unknown	Animal	 Replace 	O Delete O No	n-Traffic	1 1 1 11	1 111				
		ORV/8now				Щ				
County City/Twp Area Traffic Cont	trol Relation to Road		pe Work Zone-Workers	Present Wor	k Zone-Activity	Work Zo	ne-Locatio			umstances
		Const. / M	eint 🔾 Yes	- 11				1=	1 1	2*
			Ö №			ш				
			Location							
Prefix Primary Road Name						Road Ty	pe St	mx		Roadway
						II	- 1		ON	
						ш			O E	\circ w
Distance	Direction		Trafficway			Speed L	imit		Posted	
○ Feet ○ Mie	North O South	O EastO West	01 02 (03 04 (O 5 O 6	$\parallel \parallel \parallel \parallel$			O Ye	
	 Beginning of Rem 	DO End of Ramp						_	O No	
Prefix Intersecting Road Name						Road Ty		ff(x		Roadway
								11	0 N	O.S.
			Hait I Daire		ш		ш		O E	OW
			Unit / Driver							
Unit Number Driver's License State / I	Number		Date of Birth		Unit Type			8ex		
		++++	M M / D D /	YYY	\bigcirc MV \bigcirc B	O PC	E (Train)	0	4 O F	-
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Name					O Driveris C	wner	License Ty	pe 00	00	OM
Street Address						$\overline{}$	Endorseme		Y O F	
									, 0 ,	O.K
City	State	ZIP	Phone		Injury OK	0	A O	8 0	0 0	0 (
Position Restraint Airbag Ele	Condition a	at Time of Crash	Driver Distracted By		To Occupant	e Hoenit	al Code	A	nhulance	Code
	cted Condition a	2								
	pped O			1	\					
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O Hezerdous			ALUGI ALUGI		1"	venus ()ii	- MUSIC PG	• T	Ť 4-	
Other										
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	nr Test Type	O Breath O E	Blood O Urine	_	_	0		-	_	lce.
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Alcohol Buspected Contributing Fact	O Field	O PBT O F	Refused O Not Offered		Test Results		Re	-	fock Devi	ice No
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Driver Distracted By



 This area should cover just about everything you should <u>NOT</u> be doing while driving.

Pursuind Data and Technology to Inform

- Currently we only capture:
 - Driver Distracted
 - Driver Using Cellular Phone

Driver Distracted By

Driver Distracted By

- Not Distracted
- 2. Manually Operating an Electronic Communications Device (Texting, Typing, Dialing)
- 3. Talking on Hands-Free Electronic Device
- 4. Talking on Hand-Held Electronic Device
- Other Activity, Electronic Device (Book Player, Navigation Aid)
- 6. Passenger
- 7. Other Activity Inside the Vehicle (Eating, Personal Hygiene)
- Outside the Vehicle (Includes Unspecified External Distractions)
- 98. Unknown

Driv	er D	Distracted By	
		7	



Extent of Damage

MSP UD - 10 (Rev. 01/2016) Authority: 1949 PA 300, Sec. 257.622	Revised	April 15, 2014	Incident #	ПΠ
Compliance: Required Penalty: \$100 and/or 90 days	State of Michigan	Traffic Crash Re	DOIT Fie Cass Investigated at 5	Scene
ORI DE	epartment Name	Investigator(s)	O 144 O N	e Reviewer
MI		•	O Yes	
	ash Time (VIII.) No. of Units Crash Type	○ Single Motor Vehicle○ Hee	ad On O Head On-Left Turn O Angle O Backing O	Rear End
M M D D Y Y Y Y	H H M M O Rear Er	nd-Left Turn () Rear End-Right Turn (○ Sideswipe-Barne ○ Sideswipe-Opposite ○ Other ○	Unknown
Special Circumstances None		cks O Fatal O Corrected Copy	Weather Light Road Surface Condition Total L	anes
Fleeing Police	Animal Replace	○ Delete ○ Non-Traffic owmobile		
County City/Twp Area Traffic C	ontrol Relation to Roadway Work Zone-T		Work Zone-Activity Work Zone-Location Contributing Circ	umstances 2*
	O UNITE	O No		$^{-}$
Prefix Primary Road Name		Location	Road Type Suffix Divided	Roadway
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Distance	Direction	Trefficwey	Speed Limit Posted	
O Feet O I	Med O North O South O EastO We-	s 01 02 03 0	0 No)
Prefix Intersecting Road Name			Road Type Suffix Divided	Roadway 8
		Unit / Driver		οw
Unit Number Driver's License State	e / Number	Date of Birth	Unit Type Sex	
		MM/DD/YYY	Y OMV O B O P O E (Trein) OM O F	•
Name			O Driver is Owner License Type OO OC	OM
Street Address			Endorsements OCY OF	OR
City	State ZIP	Phone		0 (
	Ejected Condition at Time of Crash	Driver Distracted By	Total Occupants Hospital Code Ambulance	Code
Citation	Trapped O	Hazardous Action Action Prior	Sequence of Events (M = Most Harmful Event)	\perp
O Hezzerdous		- Action Action		
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O Yes O No O Yes O			Test Results Results Pending	
		Vehicle		
Vehicle Registration	State Insurance Company		Policy Number	
	Towed By	Make Model	Towed To Color Rectal Vehicles Vehicles	
VIN	Year	max.c Model	Color Special Vehicles Vehicle	use
Vehicle Type Location of Greatest I	Demage 14 Impact Extent of Do	emage		
		Passengers		
Name			Ejected 🔘	
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City Date of Birth	Position Restraint Airbag	Phone Hospital Code	Injury O K O A O B O C Ambulance Code	0 °
M M C D Y Y Y Y				
Name	<u> </u>		Ejected O	
Street Address			Sex O M O F Trapped O	
City	State ZIP	Phone	Injury O K O A O B O C	0 0
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MMDDYYY				
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Owner Name		nge Pos. Rest.	Address	
O Uninjured Passenge		Age Pos. Rest.	700003	
Witness Phone Reported Date	Reported Time			
	Serial Override	Owner & Phone	,	
UD-10 SERIAL NUMBER	Number	Owner & Phone	/ Public () Y	6 () No



Extent of Damage

No longer pictures with a property scale for damage!

Exte	ent d	of Damage

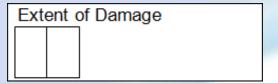
 Choices are modeled after the ANSI D16 standards for Motor Vehicle Traffic Accidents.



Extent of Damage

Extent of Damage

- No Damage
- Minor Damage
- 3. Functional Damage
- Disabling Damage
- 98. Unknown



Minor: Minimal and does not affect the operation of the vehicle. "Cosmetic"

Functional: Not Disabling, but affects the function of the vehicle or its parts.

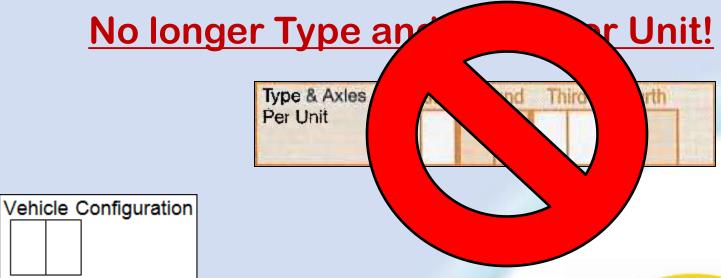
Pursuind Dake and Technology to Inform Disabling: The vehicle is unable to be driven from the scene and requires it to be towed.

Vehicle Configuration

Unit Number Driver's License State / Number Del	Unit / Driver	Unit Type Sex
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Name		O Driver is Owner License Type O O O O M
Street Address		Endorsements ○ CY ○ F ○ R
City State Zip F	Phone Number	Injury OK OA OB OC OO
		Total Occupanta Hospital Code Ambulance Code
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Trapped 🔘		
Citation issued	lezardous Action Action Prior	Sequence of Events (M = Most Harmful Event)
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Name		Ejected ○
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Truck / Bus		
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City State ZIP		
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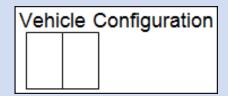
Vehicle Configuration

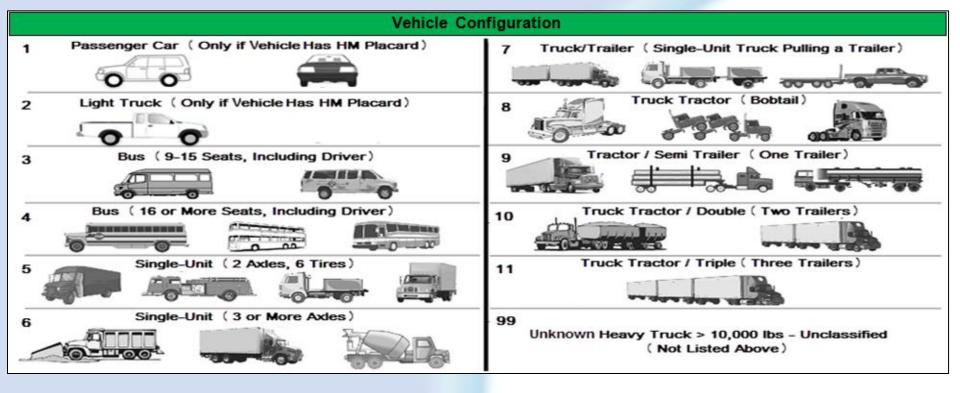


- The last page of the UD-10 Guide will have pictures of several configurations.
- Select the number of the configuration that best matches the vehicle involved in the crash.



Vehicle Configuration





New Values

The revised UD-10 will incorporate new values for certain fields.

 For example, right now you may have 4 values for a field, and with the revision you may have 6 values. The State simply added values to the current list.



 In the future, when new values need to be added, deleted or changed for a field, there will be minimal revisions that need to be made to the UD-10.

Value Numbering

The numbering of the values on the list will be out of order at times. This is due to a couple factors:

- If the numbering was kept sequential, the State and electronic vendors would need to migrate (or change) a lot of historic data.
- Meaning, all the historical data would have to be renumbered to match the new values.

Condition at Time of Crash

- 1. Appeared Normal
- 4. Sick
- 5. Fatigued or Asleep
- 7. Medication
- <mark>10.</mark> Physically Disabled
- 11. Emotional
- 97. Other
- <mark>99.</mark> Unknown



The Values "Other" and "Unknown"

 The current value <u>Other/Unknown</u> was split because they truly mean two different things.



- If the officer cannot find the appropriate value on the list, they can now select "Other".
- If the officer is unsure what occurred, they can now select "Unknown".
- This was done for all fields throughout the form.

New Values at the Crash Level

MSP UD - 10 (Rev. 01/2016)		Revised A	April 15, 2014		PI	9				
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Crash Type



New Values at the Crash Level

Crash Type	Single Motor Vehicle Head On	○ Head On-Left Turn	○Angle	Backing	Rear End	
O Rear End-Le	eft Turn ORear End-Right Turn OSi	deswipe-Same OSides	swipe-Oppos	site Other	Unknown	

Pursuind Data and Technology to Inform

Crash Type

 This has remained a bubble field, with <u>Backing</u> added as a choice.

New Values at the Crash Level

MSP UD - 10 (Rev. 01/2016)				American Company	_
Authority: 1949 PA 300, 8ec. 257,622	Revised	April 15, 2014			
Compliance: Required				Incident #	
Penalty: \$100 and/or 90 days	State of Michigar	n Traffic Crash I	Report	File Class	Investigated at Scene
	•				O Y•■ O №
ORI I	Department Name	Investigator	(S)	Badg	e# Photos Reviewer
MI		1		1	○ Yes
		1		1	O No
Crash Date (Crash Time (VIII.) No. of Units Crash Type	O Single Motor Vehicle C	Head On O Hea	d OnLeft Tum (Angle O Backing O Rear End
M M D D Y Y Y Y	H H M M O Rear E	ind-Left Turn () Rear End-Right	Tum Sideswipe 8	ame () 8ideswip	e-Opposite O Other O Unknown
Special Circumstances None (Ht and Run School Bus Salisi Chi	ecks O Fetal O Corrector	Coov Weather	Light Road	Surface Condition Total Lanes
Fleeling Police Unknov	n Arimai				
County City/Twp Area Traffic	Control Relation to Roadway Work Zone-	Type Work Zone-Workers Pres	ent Work Zone-Ac	tivity Work Zone	-Location Contributing Circumstances
	O Const. /	Meint O Yes			1" 2"
	O UBIIIV	/ Meint O Yes			1 1 1 1 1 1
		Location			
Prefix Primary Road Name		Location		Road Type	Suffix Divided Roadway
The state of the s				1,000	DD ONOS
				1 11 1 1	
Distance	Direction	Trafficway	\perp	Connection	t Posted
				Speed Lim	
Feet ()	Miles North O South O East O We	01 02 03	04 05 0	6	O Yes
	U Beginning of RampU End of Ramp	<u> </u>			O No
Prefix Intersecting Road Name				Road Type	Suffix Divided Roadway
					O E O W
		Unit / Driver			
Unit Number Driver's License Sta	te / Number	Date of Birth	Unit Type		8ex
		MM/DD/YY	YYOMVO	80 PO	(Train) OM OF
	<u> </u>				
Name		-	O Drive	ris Owner 116	ense Type OO OC OM
Street Address			0		
oueer Address				En	dorsements O CY O F O R
City	State ZIP	Phone	Injury (OK OA	0 8 0 0 0 0
Position Restraint Airbag	0				
Position Restraint Airbag	Ejected Condition at Time of Crash	Driver Distracted By	Total Occi	ipants Hospital	Code Ambulance Code
	 -'				1111111111
	Trapped O	 			
Citation		Hazardous Action Action Pri	for Sequence		Most Harmful Event)
O Hazardous	-	-11	0	00	0 0 0
O Other					
Alcohol Suspected Contributing	Factor Test Type Breath O	Blood O Urine	Test Resu	lts	Interlock Device
O Yes O No O Yes O	No O Fleid O PBT O	Refused O Not Offered			O Results O Yes O No
Drug Suspected Contributing		Urine	Test Resu	lte	Pendnoi
O Yes O No O Yes O			lest resu		Results
O 185 C No 10 185 C	No O Field O Refused O	Not Offered			O Pending
,		Vehicle			
Vehicle Registration	State Insurance Company		Policy Number	1	
	Taurad Div				
	Towed By		Towed To		
		Make Mo	Towed To	Color	Special Vehicles Vehicle Use
VIN		Make Mo		Color	Special Vehicles Vehicle Use
		Make Mo		Color	Special Vehicles Vehicle Use
VIN	Year		odel	Color Trailer Type	
	Year		odel		Special Vehicle Vehicle Use Vehicle Defect
VIN	Year		odel		
VIN	Year	Damage Vehicle Dire	odel		
VIN Vehicle Type Location of Greates	Year		odel		Vehicle Defect
VIN	Year	Damage Vehicle Dire	odel		
VIN Vehicle Type Location of Greates	Year	Damage Vehicle Dire	ection Private	Trailer Type	Vehicle Defect
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Special Circumstances



Special Circumstances	O None	0	Hit and Run	0	Sch	ool Bus
Fleeing Police	O Unknov	vn	Animal			

- Special Circumstances
 - This area has remained a bubble field.
 - The deer choice was deleted, and a value box labeled <u>Animal</u> was added.



Special Circumstances	O None	0	Hit and Run	0	Sch	ool Bus
O Fleeing Police	OUnknov	vn	Animal			

Animal

- 1. Deer
- 2. Turkey
- 3. Elk
- 4. Moose
- 5. Bear
- **97.** Other
- 98. Unknown

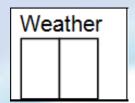


MSP UD - 10 (Rev. 01/2016) Authorby: 1949 PA 200 Sec 257.522	PIDE
Authority: 1949 PA 300, 8ec. 257,622	
Constitution Desired	_ (
Penalty: 8100 and/or 90 days State of Michigan Traffic Crash Rep	OFT File Class Investigated at Scene Yes No
ORI Department Name Investigatoris)	i Badge # Photos Reviewer
	OYes
MI	Ö №
Crash Date Crash Time (VIII.) No. of Units Crash Type Single Motor Vehicle Head	On O Head On-Left Turn O Angle O Backing O Rear End
M M D D Y Y Y Y H H M M O Rear End-Left Turn O Rear End-Right Turn O	8ideswipe-8ame ○ 8ideswipe-Opposte ○ Other ○ Unknown
	Weather Light Road Surface Condition Total Lanes
O Services O Service O Non Service	Weather Light Road Surface Condition Total Lanes
Fleeling Police Unknown Animal Replace Delete Non-Iramic	
	lork Zone-Activity Work Zone-Location Contributing Circumstances
○ Const. / Mdirt. ○ Yes	
Location	
Prefix Primary Road Name	Road Type Suffix Divided Roadway
	ON OS OE OW
Distance Direction Trafficway	Speed Limit Posted
O Beginning of Ramp End of Ramp	O №
Prefix Intersecting Road Name	Road Type Suffix Divided Roadway
Unit / Driver Unit Number Driver's License State / Number Date of Birth	The state of the s
	Unit Type Sex
	OMVOBOPOE(Train) OM OF
Name	O Driver is Owner License Type OO OC OM
Street Address	-
atreet Address	Endorsements ○ CY ○ F ○ R
City State ZIP Phone	Injury OK OA OB OC OO
Position Restraint Airbag Ejected Condition at Time of Crash Driver Distracted By	Total Occupants Hospital Code Ambulance Code
Trapped O	
Citation Hazardous Action Action Prior	Sequence of Events (M = Most Harmful Event)
O Hezzerdous	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Alcohol Suspected Contributing Factor Test Type Breath Blood Unite	Test Results Interlock Device
	Results (O Yes, O No
O TELL O TELL O TELLES	
Drug Buspected Contributing Factor Test Type Slood Urine	Test Results Results
O Yes O No O Yes O No O Field O Refused O Not Offered	Results Pending
Vehicle	
Temore .	
Vehicle Registration State Insurance Company Po	olicy Number
Vehicle Registration State Insurance Company Po	olicy Number wed To
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Vehicle Registration State Insurance Company Fo Towed By To	wed To
Vehicle Registration State Insurance Company Po	wed To Color Special Vehicle Vehicle Use
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Vehicle Registration State Insurance Company PC Towed By Vehicle Type Location of Greatest Damage 1st Impact Extent of Damage Vehicle Direction Passengers Name	wed To Color Special Vehicle Vehicle Use
Vehicle Registration State Insurance Company PC Towed By Towed By VIN Year Make Model Vehicle Type Location of Greatest Damage 14 impact Extent of Damage Vehicle Direction Passengers	Octor Special Vehicle Vehicle Use Private Trailer Type Vehicle Defect
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Vehicle Registration Vin Vin Vehicle Type Location of Greatest Damage 1º Impact Extent of Damage Vehicle Direction Vehicle Type Location of Greatest Damage 1º Impact Extent of Damage Vehicle Direction Name Passengers Name Phone Date of Birth Position Restraint Aireag Hospital Code Mill D V Y Y Y Position Restraint Aireag Hospital Code Steet Address Date Phone Date of Birth Position Restraint Aireag Hospital Code Mill D V Y Y Y Position Restraint Aireag Hospital Code Mill Mill D V Y Y Position Restraint Aireag Hospital Code Mill Mill Date Name	
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Weather



 Weather was changed from a bubble field to a value field with the following changes:

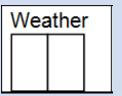


- One new weather value was added
- Several others were split



Weather

- 1. Clear
- 2. Cloudy
- **3**. Fog
- 4. Rain
- 5. Snow
- Severe Crosswinds
- 7. Sleet / Hail
- 8. Blowing Snow
- 9. Blowing Sand, Soil, Dirt
- 10. Smoke
- 98. Unknown



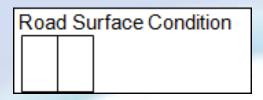


MSP UD - 10 (Rev. 01/2016)	Revised A	pril 15, 2014	P109 8.
Authority: 1949 PA 300, Sec. 257.622 Compliance: Required			Incident #
Compliance: Required Penalty: \$100 and/or 90 days	State of Michigan	Traffic Crash Repo	File Class Investigated at Scene Yes No
ORI D	epartment Name	Investigator's)	Yes ○ No i Badge # Photos Reviewer
	epartment Name	investigation(s)	O Yes
MI			O No
Crash Date C	rash Time (All.) No. of Units Crash Type	O Single Motor Vehicle O Head Or	n O Head On Left Turn O Angle O Backing O Rear End
M M D D Y Y Y Y	H H M M O Rear End	N et Tim O Rew Ent-Roby Tim O	Bideswipe-Barre ○ Bideswipe-Opposite ○ Other ○ Unknown
Special Circumstances None		ks O Fetal O Corrected Copy	Weather Light Road Surface Condition Total ages
		O Delete O Non-Traffic	Westner Light Ross sunace Condition 105 Tank
Fleeing Police Unknown	n Animal ORV/Snor	wmobile	
County City/Twp Area Traffic C	Control Relation to Roadway Work Zone-Ty	pe Work Zone-Workers Present Wo	rk Zone-Activity Work Zone-Location Contributing Circumstances
	○ Const. / M	faint Q Yes	
	O UNIIIV	O No Location	
Prefix Primary Road Name		Location	Road Type Suffix Divided Roadway
			ON OS
			OE OW
Distance	Direction	Trafficway	Speed Limit Posted
○ Feet ○	Miles North O South O East O West	01 02 03 04 (○ 5 ○ 6 ○ Yes ○ No
Prefix Intersecting Road Name	C Summy range Cool remp		Road Type Suffix Divided Roadway
Link thomas - But	- (Manufacture)	Unit / Driver Date of Birth	Unit Type Sex
Unit Number Driver's License State	e / Number	MM/DD/YYY	Unit Type
/	_	·** **/ 4 4/ 1 1 1 1 1	OMVO BO FO E (IIBII) OM OF
Name			O Driver is Owner License Type OO OC OM
Street Address			Endorsements O CY O F O R
City	State ZIP	Phone	
			Injury OK OA OB OC OO
Position Restraint Airbag	Ejected Condition at Time of Crash	Driver Distracted By	Total Occupants Hospital Code Ambulance Code
	Trapped O	1	
Citation	<u> </u>	Hazardous Action Action Prior	Sequence of Events (M = Most Harmful Event)
Other			
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Road Surface Condition



- Road Surface Condition
 - Re-named from Road Condition and changed from a bubble field to a value field.

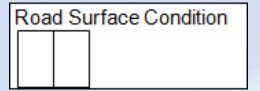


- The following choices were added:
 - Water (Standing/Moving)
 - Sand
 - Oily



Road Surface Condition

- **1.** Dry
- 2. Wet
- 3. Ice
- 4. Snow
- 5. Mud, Dirt, Gravel
- 6. Slush
- 7. Debris
- 8. Water (Standing / Moving)
- 9. Sand
- **10.** Oily
- **97.** Other
- 98. Unknown

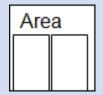




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Area





 Area has remained a value field, with the following changes:

Freeway, Curved Roadway was added.

Intersection, Roundabout was added.



Area

▶ Freeway

- 1. Entrance / Exit Ramp Related
- Authorized Median Crossover Related
- Transition Area / Increase or Decrease in Travel Lanes
- 4. Rest Area Related
- 5. Scale / Weigh Station Related

20. Curved Roadway

6. All Other Freeway Areas

► Intersection

- 7. Within Intersection
- Driveway Related within 150 ft. of Nearest Edge of Intersection
- 9. Intersection Related-Other

Roundabout

► Other Non-Freeway Areas

- Straight Roadway Not Related to Other Selections
- Curved Roadway Not Related to Other Selections
- **12.** Driveway Related Not within 150 ft. of Intersection
- Parking Related Legal Roadside
- Transition Area / Increase or Decrease in Travel Lanes
- 15. Median Crossing Related
- 16. Railroad Crossing Related
- Rest Area Related
- 18. Scale / Weigh Station Related
- 19. Non-Traffic Area
- 97. Other
- 98. Unknown





	Revised	April 15, 2014	Incident #	
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Drug Suspected Contributing Factor Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O	Test Type Blood Field Retised Insurance Company Towed By Year	Not Offered Vehicle Make Model Damage Vehicle Direction Passengers Fhone Hospital Code	Sex M Sex M Sex M Sex M Sex M M Sex M M M M M M M M M M M M M M M M M M M	Results Pending Special Vehicle Vehicle Use Vehicle Defect Ejected F Trapped A B O O O Ejected F Trapped
Drug Buspected Contributing Factor Yes No Yes No Vehicle Registration State VIN Vehicle Type Location of Greatest Damag Bleet Address City Cate of Birth Name Breet Address City Cate of Birth Name Breet Address City Cate of Birth City Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of Cate of	Test Type	Make Model Passengers Phone Hospital Code Phone	Sex M Injury K K M Injury K K M Injury K K M Injury K K M Injury K K M Injury K K M Injury K K K M Injury K K K M Injury K K K M Injury K K K K K K K K K K	Results Pending Baccial Vehicle Vehicle Use Vehicle Defect Ejected A B O O O Ejected Ejected Ejected
Drug Suspected Contributing Factor Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O	Test Type	Not Offered Vehicle Make Model Damage Vehicle Direction Passengers Fhone Hospital Code	Sex M Sex M Sex M Sex M Sex M M Sex M M M M M M M M M M M M M M M M M M M	Results Pending Special Vehicle Vehicle Use Vehicle Defect Ejected F Trapped A B O O O Ejected F Trapped
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Drug Buspected Continuiting Factor Yes O No O Yes O No Vehicle Registration State Vin Vehicle Type Location of Greatest Damag Breat Address Oity Cate of Birth Mame Bibreat Address Oity Cate of Birth Owner Name Uninjured Passenge Phone	Test Type	Make Model Passengers Phone Hospital Code Phone	Sex M Cambulance Code Bex M M Injury K Ambulance Code Bex M Ambulance Code Address	Results Pending Special Vehicle Vehicle Use Vehicle Defect Ejected F Trapped A B O O O Ejected F Trapped
Drug Suspected Contributing Factor Yes O No Yes No Vehicle Registration State Vehicle Registration State Vehicle Type Location of Greatest Clamag Vehicle Type Location of Greatest Clamag Name Street Address City Date of Sirte Mind D Y Y Y Y Y Date of Sirte Uninjured Passenge Uninjured Passenge Owner Name Name Uninjured Passenge Owner Name Uninjured Passenge Owner Name Uninjured Passenge Name	Test Type	June Not Offered Vehicle F	Sex M Sex M Sex M M Sex M M M Manufance Code	Results Pending Special Vehicle Vehicle Use Vehicle Defect Ejected F Trapped A B O O O Ejected F Trapped
Drug Suspected Continuing Factor Yes O No Yes O No Venicle Registration State Venicle Type Location of Greatest Damag Name Bitect Address City Date of Birth M D D Y Y Y Y Date of Birth Display Category City Cate of Birth Display Category Name Buent Address City Cate of Birth Display Category Name Witness Name	Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By Insurance Company Towed By In	Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer Summer S	Sex M Cambulance Code Bex M M Injury K Ambulance Code Bex M Ambulance Code Address	Results Pending Special Vehicle Vehicle Use Vehicle Defect Ejected F Trapped A B O O O Ejected F Trapped
Drug Suspected Contributing Factor Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O No O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O Yes O	Test Type	June Not Offered Vehicle F	Sex M Cambulance Code Bex M M Injury K Ambulance Code Bex M Ambulance Code Address	Results Pending Special Vehicle Vehicle Use Vehicle Defect Ejected F Trapped A B O O O Ejected F Trapped

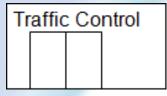
Traffic Control



 Traffic Control has changed from a bubble field to a value field with only one addition.

Traffic Control

- 1. Signal
- 2. Stop Sign
- Stop Sign with Flashing Beacon
- 4. Yield Sign
- 96. None



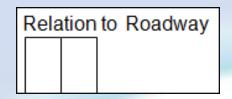


MSP UD - 10 (Rev. 01/2016)	Revised /	April 15, 2014	P109 6.
Authority: 1949 PA 300, Sec. 257.622 Compliance: Required Penalty: \$100 and/or 90 days			Incident #
		Traffic Crash Repo	O ¥• O №
	Department Name	Investigator(s)	Badge # Photos Reviewer
MI			O №
	Crash Time (viii.) No. of Units Crash Type	O Single Motor Vehice○ Head Or	n ○ Head On-LeftTurn ○ Angle ○ Backing ○ Rear End
			Bideswipe-Barre O Bideswipe-Opposte O Other O Unknown
Special Circumstances None (C Services	cks O Fetal O Corrected Copy Obliefe O Non-Traffic	Weather Light Road Surface Condition Total Lanes
O Fleeing Police O Unknow	O ORY/Sno	wmobile	
County City/Twp Area Traffic	Control Relation to Roadway Work	on More Tona-Moreau Present Mor	rk Zona-Activityi - Work Zona-Location Contribution Circumstances
Prefix Primary Road Name	•	Location	Road Type Suffix Divided Roadway
Distance	Direction	Trafficway	Speed Limit Posted
O Feet O	Mice North O South O EastO We		O 5 O 6 O 765
Prefix Intersecting Road Name	O Beginning of RampO End of Ramp		Road Type Suffix Divided Roadway
			O N O S O E O W
		Unit / Driver	
Unit Number Driver's License Sta	ite / Number	Date of Birth	Unit Type Sex
		MM/DD/YYYY	OMVOBOPOE(Train) OM OF
Name	_		O Driver is Owner License Type O O O O M
Street Address			Endorsements ○ CY ○ F ○ R
City	State ZIP	Phone	Injury OK OA OB OC OO
Position Restraint Airbag	Ejected Condition at Time of Crash	Driver Distracted By	Total Occupants Hospital Code Ambulance Code
	Trapped 🔵		
Citation O Hazardous		Hazardous Action Action Prior	8equence of Events (M = Most Harmful Event) 14 24 34 45 45
Other_			
Alcohol Buspected Contributing		Blood Urine Refused Not Offered	Test Results Interlock Device Results O Yes O No
Drug Suspected Contributing			Test Results
O Yes O No O Yes O	No O Field O Refused O		Results Pending
Vehicle Registration	State Insurance Company	Vehicle Poll	cy Number
	Towed By	Tow	ed To
VIN	Year	Make Model	Color Special Vehicles Vehicle Use
Vehicle Type Location of Greates	t Damage 14 Impact Extent of De	mage Vehicle Direction	Private Trailer Type Vehicle Defect
		Passengers	
Name			Ejected 🔾
Street Address			8ex ○ M ○ F Trapped ○
City Date of Birth	State ZIP Position Restraint Airbag	Phone Hospital Code	Injury
M M C D Y Y Y Y	Position Resident Arriag	HOSPITAL CODE	Ninosance Code
Name			
Street Address			Ejected ○ Bex ○ M ○ F Trapped ○
City	State ZIP	Phone	Injury OK OA OB OC OO
Date of Birth	Position Restraint Airbag	Hospital Code	Ambulance Code
M M D D Y Y Y			
Owner Name			Address
Uninjured Passenge Phone Witness		Age Pos. Rest.	7
Owner Name Uninjured Passenge			Address
O Witness Phone		Age Pos. Rest.	
Reported Date	Reported Time	Damaged Property	
UD-10 SERIAL NUMBER	Serial Override Number	Owner & Phone	/ Public () Yes () No
		-1	

Relation to Roadway



 Relation to Roadway was changed from a bubble field to a value field.

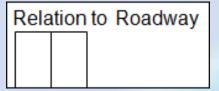


- Used to identify the location of the first impact of the crash in relation to the roadway.
- The following choices were added:
 - On-Street Parking
 - Off Roadway (Non-Traffic)
 - Sidewalk
 - Bicycle Lane



Relation to Roadway

- 1. On the Road
- Median
- Shoulder
- 4. Outside of Shoulder / Curb
- Gore
- On-Street Parking
- Off Roadway (Non-Traffic)
- Sidewalk
- Bicycle Lane
- 98. Unknown





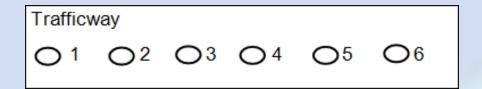
New Values for Location

MSP UD - 10 (Rev. 01/2016) Authority: 1949 PA 300, Sec. 257.62	Revised April 15, 2014
Authority: 1949 PA 200, Sec. 257.62 Compilance: Required Penalty: §100 and/or 90 days	
Penalty: \$100 and/or 90 days	State of Michigan Traffic Crash Report State of Michigan Traffic Crash September 1 State of Michigan Traffic Crash Report
ORI	Department Name Investigator(s) Badge # Photos Reviewer
MICTOR	○ Yes
Crash Date	Crash Time (viv.) No. of Units Crash Type Single Motor Vehicle Head On Head On-Left Turn Angle Backing Rear End
M M D D Y Y Y	H H M M M O Rear End-Left Turn O Rear End-Right Turn O Sideswipe Barre O Sideswipe Opposite O Other O Unknown
Special Circumstances None	
O Fleeing Police O Unkno	own Animal Replace O Delete O Non-Traffic
	Control Relation to Roadway Work Zone-Type Work Zone-Workers Present Work Zone-Activity Work Zone-Location Contributing Circumstances
County City/1wp Alea Inamic	
	O USITIV O No
	Location
Prefix Primary Road Name	Road Type Suffix Divided Roadway
	ON OS OE OW
Distance	Direction Trafficway Spe Limit Posted
O Feet O	
Prefix Intersecting Road Name	☐ Beginning of Ramp☐ End of Ramp☐ Road Type Suffix Divided Roadway
rienz intersecung road Name	Hodisayype Sumix Livideo Hodidwey
	Unit / Driver
Unit Number Driver's License St	
/	M M / D D / Y Y Y Y OMV O B O P O E (Train) OM O F
Name	○ Driver is Owner License Type ○ ○ ○ ○ ○ M
Street Address	-
	Endorsements O CY O F O R
City	State ZIP Phone Injury OK OA OB OC O
Position Restraint Airbag	Ejected Condition at Time of Crash Driver Distracted By Total Occupants Hospital Code Ambulance Code
Citation	Trapped O Unardon Miles Antico Dife.
O Hazardous	Hazardous Action Action Prior Bequence of Events ((M = Most Harmful Event)) 14 2 34 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Other	
Alcohol Suspected Contributing	
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Drug Suspected Contributing	Factor Test Type O Blood O Urine Test Results
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	st Damage 14 Impact Extent of Damage Vehicle Direction Private Trailer Type Vehicle Defect
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M M D D Y Y Y	
Owner Name	Address
Uninjured Passenge Phone	Age Pos. Rest.
Owner Name	Address
O Uninjured Passenge	
O Witness Phone	Age Pos. Rest.
Reported Date	Reported Time Damaged Property
UD-10 SERIAL NUMBER	Serial Override Number / Public Yes No

Trafficway



New Values for Location



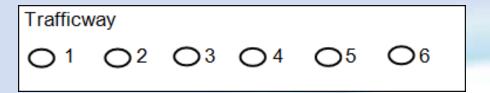
- Trafficway has remained a bubble field, with two additional choices to capture:
 - Non-traffic areas
 - Roads with a continuous left turn lane.



New Values for Location

Trafficway

- Not Physically Divided (Two-Way Traffic)
- 2. Divided Highway without Traffic Barrier
- Divided Highway with Traffic Barrier
- 4. One-Way Traffic
- 5. Non-Traffic
- Two-Way, Not Divided, with a Continuous Left Turn Lane





	Revised /	April 15, 2014	Page	
M8P UD - 10 (Rev. 01/2016) Authority: 1949 PA 300, 8ec. 257.822			Incident #	
Compliance: Required Penalty: §100 and/or 90 days	State of Michigan	Traffic Crash Rep	oort Fie Cass	
	•			Investigated at Scene ○ Yes ○ No
ORI	Department Name	Investigator(s)	Badge #	Photos Reviewer
MI			i	O Yes
				O No
Crash Date (crash Time (I/III.) No. of Units Crash Type	○ Single Motor Vehicle ○ Head 0	On O Head On-Let Turn O Angle	O Backing O Rear End
M M D D Y Y Y	H H M M O Rear En	d-Left Turn O Rear End-Right Turn O	Sideswipe-Same O Sideswipe-Oppos	te O Other O Unknown
Special Circumstances None		cks O Fatal O Corrected Copy		Condition Total Lanes
		O Delete O Non-Traffic	Weather Light Road Surface	Condition Total Lanes
O Fleeing Police O Unknow	in Animal ORV/Sno	wmobile		
County City/Twp Area Traffic	Control Relation to Roadway Work Zone-T	ype Work Zone-Workers Present W	ork Zone-Activity Work Zone-Location	Contributing Circumstances
	O Const. / N			141 20
	O UBIIITY	O №		
		Location		
Prefix Primary Road Name			Road Type 8	uffix Divided Roadway
		1	1	ON O8
Distance	Direction	Trafficway	Speed Limit	Posted
	0 0 0			O Yes
○ Feet ○	Mile North South Bast Wes Beginning of Ramp End of Ramp	01 02 03 04	0, 0, 111	O No
Prefix Intersecting Road Name	- Signing or range Sid or Rang		Road Type 8	uffix Divided Roadway
				ON 08
	<u> </u>	<u> </u>		O E O W
		Unit / Driver		
Unit Number Driver's License Sta	te / Number	Date of Birth	Unit Type	8ex
/ /			OMV O B O P O E(Train)	OM OF
Name			O Driver is Owner License Ty	pe O O O C O M
Street Address			Endorseme	nts OCY OF OR
City	State ZIP	Phone	Injury O.K. O.A. O	
Position Restraint Airbag	Ejected Condition at Time of Crash	Driver Distracted By	Total Occupants Hospital Code	Ambulance Code
	 ''' "		11 1 1 1 1 1 1 1	
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	0 1100	Refused O Not Offered	Pe	ndno
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Injury



Injury

- K Fatal Injury:

 Any injury which results in death
- A Suspected Serious Injury:

 Any injury other than fatal which prevents normal activities and generally requires

 hospitalization
- B Suspected Minor Injury:

 Any minor injury that is evident to others at the scene
- C Possible Injury:
 Any possible injury that is reported or claimed
- O No Injury:
 No indication of injury

- Injury
 - The coding has remained the same (KABCO).
 - The definitions have also remained the same.
 - A Injuries have been renamed to Suspected Serious Injury.
 - B Injuries have been renamed to Suspected Minor Injury.





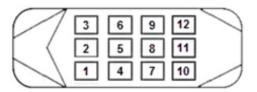
MSP UD - 10 (Rev. 01/2016)	Revised A	nril 15, 2014	Page 0	
Authority: 1949 PA 300, Sec. 257.622 Compliance: Required	neviseu A	pril 22, 2014	Incident #	
Compliance: Required Penalty: \$100 and/or 90 days	State of Michigan	Traffic Crash Repo	rt Fie Cass	Investigated at Scene
				O Yes O №
ORI D	epartment Name	Investigator(s)	Bedge #	Photos Reviewer
MI				○ Yes
	resh Time num No. of Units Coash Type			O No
			Head On Left Turn O Angle O	
M M D D Y Y Y Y	H H M M O Rear End	SLeftTum O RearEnd-RightTum 0 8	ildeswipe-Barre 🔘 Bideswipe-Opposite	Other O Unknown
Special Circumstances None C		ks O Fatal O Corrected Copy		ondition Total Lanes
.,	C Section	O Delete O Non-Traffic	مريالي التالية	
O Fleeling Police O Unknown	O ORV/Snov	vmobile		
County City/Twp Area Traffic C	Control Relation to Roadway Work Zone-Ty		k Zone-Activity Work Zone-Location	Contributing Circumstances
	○ Const. / M	laint. O Yes O No		1" 2"
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		Location		
Prefix Primary Road Name	 	 	Road Type Suffi:	
				ON OS OE OW
Distance	Direction	Trefficwey	Speed Limit	Posted W
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O Feet O	O Beginning of RempO End of Remp	01 02 03 04 0	2, 2, ITT	O №
Prefix Intersecting Road Name			Road Type Suffic	Divided Roadway
				ON O8
				OEOW
		Unit / Driver		
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		MM/DD/YYYY	OMV O B O P O E (Train)	OM OF
Name			Offiver is Owner License Type	00 0 C O M
Street Address			Endorsements	OCYOFOR
City	State ZIP	Phone	Injury OK OA OB	
-				
Position Restraint Airbag	Ejected Condition at Time of Crash	Driver Distracted By	Total Occupants Hospital Code	Ambulance Code
<mark> </mark>	Trapped O			
Citation		Hezerdous Action Action Prior	Sequence of Events (M = Most Harm)	of Event
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O Other			0 0 0	o
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Drug Suspected Contributing F	0.122 0.21 0.	line I	Test Results	o;
O Yes O No O Yes O			O Result	5
	TO FIELD O REEDED IN		Pendi	19
		Vehicle		
Vehicle Registration	State Insurance Company		cy Number	
	Towed By	Tow	ed To	
VIN	Year M	lake Model	Color Special V	ehicles Vehicle Use
			line in the second	
Vehicle Type Location of Greatest	Damage 1" Impact Extent of Dar	mage Vehicle Direction	Private Trailer Type Vehicle	Defect
		Passengers		
Name			Ejected	0
Street Address			Sex O M O F Trapped	0
City	State ZIP	Phone		
-			Injury O K O A O	B 0 C 0 O
Date of Birth	Position Restraint Airbag	Hospital Code	Ambulance Code	
M M C D Y Y Y Y				
				
Name			Ejected	
Street Address			Sex O M O F Trapped	0
City	State ZIP	Phone	Injury O K O A O	_
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MMDDYYYY				
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○ Witness		rest.	1	
Owner Name Uninjured Passenge Witness			Address	
Uninjured Passenge		Age Pos. Rest.	┪	
		-	1	
Reported Date	Reported Time	Damaged Property		
10.40.000111.1117	Serial Override	Owner & Phone		Public O Yes O No
UD-10 SERIAL NUMBER	Number	annual arrivation		

Position



Position

- B Bicyclist
- P Pedestrian
- E Engineer (Railroad / Train)



- 13. Sleeper Section
- Other Enclosed Passenger / Cargo Area
- Other Unenclosed Passenger / Cargo Area
- 16. Riding In / On Trailing Unit
- Riding On Vehicle Exterior
- 98. Unknown
- ► Motorcycles, Snowmobiles, Etc. (In-Line Seating)
 - 1. Driver
 - 4. Passenger One
 - 7. Passenger Two
- Other Unenclosed Passenger / Cargo Area

Position

 A 4th Row was added to provide for three more seating positions. (12 total)





MSP UD - 10 (Rev. 01/2016) Revised 4:			
	pril 15, 2014	7135	
Authority: 1949 PA 300, Sec. 257.522		Incident #	
MSP UD - 10 (Rev. 01/2018) Authority: 1949 PA 300, 8ec. 257,822 Compliance: Recuired Penalty: 8100 and/or 90 days State of Michigan	Traffic Crash Repo	Oft Fie Case Investigat	ed at Scene
		O Y = 0	O №
ORI Department Name	Investigator(s)	Badge # Photos	Reviewer
MI		○ Yes	
		○ No	
Crash Date Crash Time (Mit.) No. of Units Crash Type	○ Single Motor Vehide○ Head 0	n O Head On Left Turn O Angle O Backing	○ Rear End
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ORV/snow			
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	O No		\perp
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			SO NC
			DEOW
Distance Direction	Trafficway		osted
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○ Beginning of Ramp) No
Prefix Intersecting Road Name			vided Roadway
			N O 8
			DEOW
	Unit / Driver		
Unit Number Driver's License State / Number	Date of Birth	Unit Type Sex	
	MM/DD/YYY	OMVOBOPOE(Train) OM	O F
	////		
Name		Onlyer is Owner License Type OO (O O O M
Street Address		Endorsements ○ CY (2505
	Phone	Injury OK OA OB OC	0 0
sition Restraint Airbag Ejected Condition at Time of Crash	Driver Distracted By	Total Occupants Hospital Code Ambu	ance Code
Trapped O			
Atation	lazardous Action Action Prior	Sequence of Events (M = Most Harmful Event)	
○ Hazardous		1" 2" 3"	45
O Other			D
Alcohol Suspected Contributing Factor Test Type Geneath G	Blood O Urine	Test Results Interloci	Device
		Desite on	
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Restraint



Restraint Use

- 1. No Belts Available
- 2. Shoulder Belt Only Used
- 3. Lap Belt Only
- 4. Shoulder and Lap Belt
- 5. No Belts Used
- Child Restraint System Forward Facing
- Child Restraint Not Used or Improperly Used
- Child Restraint System Rear Facing
- Child Restraint System Booster Seat
- 10. Restraint Failure
- 11. Restraint Use Unknown
- 12. Helmet Worn
- 13. Helmet Not Worn
- 14. Helmet Use Unknown

- The Child Restraint choices were expanded to include:
 - Forward Facing
 - Rear Facing
 - Booster Seat

Restraint				



MSP UD - 10 (Rev. 01/2016) Authority: 1949 PA 300, Sec. 257.622	Revised Ap	pril 15, 2014	Pigs 0	
Compliance: Required Penalty: \$100 and/or 90 days	State of Michigan	Traffic Crash Repo	Incident #	Investigated at Scene
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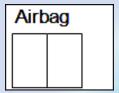


Airbag

 Airbag has changed from a bubble field to a value field with several additions to capture the current types of deployment.

Airbag

- 1. Deployed-Front
- 2. Not Deployed
- 3. Not Equipped
- 4. Deployed-Side
- 5. Deployed-Curtain
- Deployed-Other (Knee, Air Belt, Etc.)
- 7. Deployed-Combination
- 98. Unknown





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		_				= -	ed Property								
UD-10 SERIAL N	NUMBER	Serial Ov	remide	1	\perp	Owner	& Phone							Public () Y	S ○ №



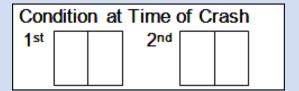


 Condition at Time of Crash was previously called <u>Driver Condition</u> and has been changed from a bubble field to a value field.

 This field allows the officer to choose up to two values for each driver.

Condition at Time of Crash						
1st			2 nd			





Condition at Time of Crash

- Had Been Drinking and Illegal Drug Use were both removed and added under their respective sections.
- Driver Distracted was removed and added as a new field.
- Driver Using Cell Phone was removed and added under Driver Distracted By.

Condition at Time of Crash

- 1. Appeared Normal
- 4. Sick
- 5. Fatigued or Asleep
- Medication
- 10. Physically Disabled
- 11. Emotional
- 97. Other
- 99. Unknown

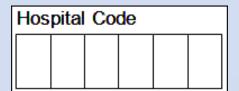


MSP UD - 10 (Rev. 01/2016) Revised April 15, 2014	Page of
Authority: 1949 PA 300, Sec. 257,622	Incident #
Authority: 1949 PA 300, Sec. 297-822 Compliance: Require Enaily: 8100 and/or 90 days State of Michigan Traffic Crash Re	
Fenalty: \$100 and/or 90 days State of Michigan Traffic Crash Re	POFT File Class Investigated at Science Yes No
ORI Department Name Investigator(s)	Dada di Picitico III
	Bedge # Photos Reviewer
IMI	O Yes
	O №
Crash Date Crash Time (VIII.) No. of Units Crash Type Single Motor Vehicle Head	On O Head On-Left Turn O Angle O Backing O Rear End
M M D D Y Y Y Y H H M M M O Rear End-Left Turn O Rear End-Right Turn C) Sideswipe-Same ○ Sideswipe-Opposite ○ Other ○ Unknown
Special Circumstances O None O Hit and Run O School Bus Special Checks O Fatal O Corrected Copy	Weather Light Road Surface Condition Total Lanes
O Fleeing Police O Unknown Animal O Replace O Delete O Non-Traffic	
ORV/Snowmobile	
County City/Twp Area Traffic Control Relation to Roadway Work Zone-Type Work Zone-Workers Present	Work Zone-Activity Work Zone-Location Contributing Circumstances
O Const. / Maint. O Yes	14 24
Const. / Maint. O Yes Utility O No	
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○ Beginning of Ramp ○ End of Ramp	□ No
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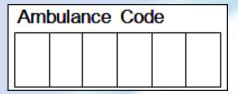
Hospital and Ambulance



- HOSPITAL
 - Other was added.



- AMBULANCE
 - Law Enforcement and Other were added.





MSP UD - 10 (Rev. 01/20 Authority: 1949 PA 300, 8	16) Revised Apr	il 15, 2014	Pige
Compliance: Required Penalty: \$100 and/or 90 d	State of Michigan 1	Fraffic Crach Donor	Incident #
r charg. gree and so a	Clate of Mileringan	Hallic Clasif Repui	File Class Investigated at Scene Yes No
ORI	Department Name	Investigator(s)	Badge # Photos Reviewer
MI			○ Yes ○ No
Crash Date	Crash Time (VIII.) No. of Units Crash Type	O Single Motor Vehicle O Head On (Head On-Left Turn O Angle O Backing O Rear End
M M D D Y Y	Y Y H H M M O Rear End-Le	eft Tum O Rear End-Right Tum O 8d	eswipe-Bame O Bideswipe-Opposite O Other O Unknown
Special Circumstances (Vegther Light Road Surface Condition Total Lanes
O Fleeling Police	O Replace	O Delete O Non-Traffic	
County City/Twp Area	O CRV/snowm	Work Zone-Workers Present Work	Zone-Activity Work Zone-Location Contributing Circumstances
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Unit Number Edvads III	cense State / Number	Unit / Driver	II Tura
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City	State ZIP F	none	injury K A B C O
Date of Birth			1
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Owner	Name		Address
Witness		Age Pos. Rest.	
Owner	Name		Address
 Uninjured Passenger Witness 	Phone /	Age Pos. Rest.	
Reported Date	Reported Time	Damaged Property	
		Dumages Property	0 0



Citation

 Citation is still a bubble field with a free text area, but now has a dedicated line to record both Hazardous and Other.

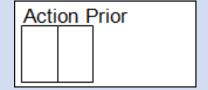
Citation		
O Hazardous-		
Other		



		(SEE				
MSP UD - 10 (Rev. 01/2016) Authority: 1949 PA 300, Sec. 257.622			T	Ť		
Constitute Control		Incident #	111			
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				Ö	eatigated at 5 Yes O N	b
ORI Department Name Inv	estigator(s)	•	Badge #	Ph	otos F	Reviewer
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WII			İ	lo	No	
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				_		
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Special Circumstances None Ht and Run School Bus Special Checks Fatal	Corrected Copy Wea	ther Light	Road Surfa	ce Conditio	n Total L	anes
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Ves No Yes No Pield PBT Refused No Ord Office Supposed Committuing Factor Pield Refused Not Office Supposed No Pield Refused Not Officed Wehicle Registration State Insurance Company Towed By Venicle Registration of Greatest Damage Supposed Supposed No No Pield Refused Not Officed Supposed No Pield Refused Not Officed Supposed No Pield Refused Not Officed Supposed No Pield Refused No Office No Pield Refused No Office No Pield Refused No Office No Pield Refused No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office No Office N	Palicy Number To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace To Mace	Color vate Trailer Ty	Special Vehicles	Results Pending Clai Vehicle Clai Vehicle Clai Vehicle Clai Vehicle Clai Vehicle	Yes O	No .
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Action Prior





- The Action Prior value field is used to capture the action just prior to the crash or most harmful event.
- One new value has been added under Driver Action.



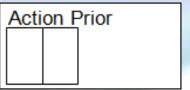
Action Prior to Crash

▶ Driver Action

- 1. Going Straight Ahead
- 2. Turning Left
- 3. Turning Right
- 4. Stopped on Roadway
- 5. Involved in Prior Crash at Same Location
- 6. Changing Lanes
- Backing
- 8. Slowing / Stopping on Roadway
- 9. Slowing / Stopping Other Area
- 10. Starting Up on Roadway
- 11. Starting Up in Other Area
- 12. Entering Parking
- 13. Leaving Parking
- 14. Entering Roadway
- 15. Leaving Roadway
- 16. Making U-Turn
- 17. Overtaking or Passing
- 18. Avoiding Object
- 19. Avoiding Pedestrian
- 20. Avoiding Vehicle (Front / Back)
- 21. Avoiding Vehicle (Angle)
- 22. Driverless Moving
- 23. Parked
- 35. Other
- 36. Unknown
- 37. Avoiding Animal
- 38. Negotiating a Curve

► Pedestrian Action

- 24. Crossing at Intersection
- 25. Crossing Not at Intersection
- 26. Getting On / Off Vehicle
- 27. In Roadway with Traffic
- 28. In Roadway Against Traffic
- 29. Standing / Lying in Roadway
- 30. Pushing / Working on Vehicle
- 31. Other Working in Roadway
- 32. Playing in Roadway
- 33. In Roadway Other Reason
- 34. Not in Roadway
- 35. Other
- 36. Unknown





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Sequence of events



Sequence of Events

► Non-Collision

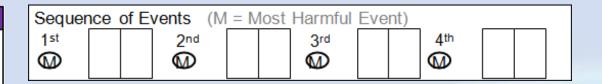
- 1. Loss of Control
- 2. Cross Centerline

46. Cross Median

- 3. Ran Off Roadway Left
- 4. Ran Off Roadway Right
- 5. Re-enter Roadway
- 6. Overturn
- 7. Separation of Units
- 8. Fire / Explosion
- 9. Immersion
- 10. Jackknife
- 11. Downhill Runaway
- 12. Cargo Loss / Shift
- 13. Individual Fell from Vehicle
- Equipment Failure (Blown Tire, Brake Failure, Etc.)
- 14. Other Non-Collision

► Collision with Non-Fixed Object

- 15. Pedestrian
- 16. Bicyclist
- 17. Motor Vehicle in Transport*
- 18. Parked Motor Vehicle



- Sequence of Events remains a value field with two additions under Non-Collision:
 - Cross Median
 - Equipment Failure



Sequence of Events (cont.)

- Work Zone / Maintenance Equipment
- **49.** Cargo Falling / Shifting / or Anything Set in Motion (SIM) By a Motor Vehicle
- 19. Engineer (Railroad / Train)
- 20. Animal
- 21. Other Non-Fixed Object

► Collision with Fixed Object

- 22. Bridge Pier / Support
- 24. Bridge Rail
- **50.** Bridge Overhead Structure
- 25. Guardrail Face
- 26. Guardrail End
- 51. Cable Barrier
- 27. Concrete Barrier
- 28. Traffic Sign / Post
- 29. Traffic Signal Equipment
- 30. Utility Pole / Light Support
- 32. Other Post / Pole / Support
- 33. Culvert
- **34.** Curb
- 35. Ditch
- 36. Embankment
- **37.** Fence
- Mailbox
- **39**. Tree
- 40. Railroad Crossing Signal
- 41. Building
- 42. Traffic Island
- 43. Fire Hydrant
- **44.** Impact Attenuator / Crash Cushion
- 45. Other Fixed Object
- * In transport means a motor vehicle in motion or on a roadway.

Sequen	ice of E	vents (M	= Most	Harmful	Ever	nt)	
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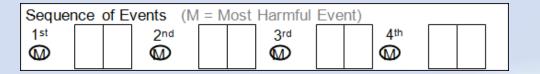
Two additions under Collision with Non-Fixed Object:

- Work Zone Maint./Const. Equip.
- Cargo Falling/Shifting/or Set in Motion by another vehicle.



Sequence of Events (cont.)

- 48. Work Zone / Maintenance Equipment
- **49.** Cargo Falling / Shifting / or Anything Set in Motion (SIM) By a Motor Vehicle
- **19.** Engineer (Railroad / Train)
- 20. Animal
- 21. Other Non-Fixed Object
- ► Collision with Fixed Object
- 22. Bridge Pier / Support
- Bridge Rail
- Bridge Overhead Structure
- Guardrail Face
- 26. Guardrail End
- Cable Barrier
- Concrete Barrier
- 28. Traffic Sign / Post
- 29. Traffic Signal Equipment
- 30. Utility Pole / Light Support
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- **37.** Fence
- 38. Mailbox
- 39. Tree
- Railroad Crossing Signal
- 41. Building
- 42. Traffic Island
- 43. Fire Hydrant
- 44. Impact Attenuator / Crash Cushion
- Other Fixed Object
- * In transport means a motor vehicle in motion or on a roadway.



Sequence of Events also added two additional choices under Collision with Fixed Object.

Bridge Overhead Structure

Cable Barrier



	pril 15, 2014	- Instruction of the second
	Traffic Crash Report	File Class Investigated at Scene
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Alcohol



Alcohol Suspected	Contributing Factor	Test Type	O Breath	O Blood O Urine	Test Results	Interlock Device
OYes ONo	○ Yes ○ No	O Field	○ PBT	Refused Not Offered	• Results Pending	OYes ○No

Alcohol

- Was Alcohol Suspected? (Yes/No)
- Was it a Contributing Factor? (Yes/No)
- Results Pending bubble was added.



MSP UD - 10 (Rev. 01/2016)		Rouisad A	pril 15, 2014			100		-			
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Drugs



Drug Suspected O Yes O No	Contributing Factor Yes O No	Test Type Field	OBlood Refused	○ Urine ○ Not Offered	Test Results		Results Pending
İ				<u> </u>			Pending

Drugs

- Were Drugs Suspected? (Yes/No)
- Was it a Contributing Factor? (Yes/No)
- Field was added as a Test Type.
- Results Pending bubble was added.



Driver Record (Alcohol/Drug Involved)

In order for a crash to be put on a driving record as involving alcohol and/or drugs, the following Must occur:

ALCOHOL SUSPECTED = YES	CONTRIBUTING FACTOR = YES
DRUG SUSPECTED = YES	CONTRIBUTING FACTOR = YES



MSP UD - 10 (Rev. 01/2019)	Revised April 15, 2	2044	PROF
Authority: 1949 PA 300, 8ec. 257.622			Incident #
	ichigan Traff		. ○ ¼= ○ №
ORI Department Name		Investigator(s)	Badge # Photos Reviewer O Yes
Crash Date Crash Time (Vis.) No. of Units	Court Type O Sig	nia Motor Vabinia 🔘 Han	ad On O Head On-Left Turn O Angle O Backing O Rear End
M M D D Y Y Y Y H H M M		_	O Sideswipe-Same O Sideswipe-Opposite O Other O Unknown
Special Circumstances None Ht and Run School Bu	S Special Checks O F	stal O Corrected Copy	
C Fleeing Police C Unknown Animal	ORV/Snowmobile	elete O Non-Traffic	
County City/Two Area Traffic Control Relation to Roadway	Work Zone-Type Work 2	Zone-Workers Present Yes	Work Zone-Activity Work Zone-Location Contributing Circumstances
	O MIIIN O	No	
Prefix Primary Road Name	Loc	ation	Road Type Suffix Divided Roadway
 			ON OS OS OS OS
Distance Direction O North O Pouth O		Micway	Speed Limit Posted O Yes
Prefix Intersecting Road Name	End of Ramp	01 02 03 0	Road Type Suffix Divided Roadway
- Table College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College College Colleg			
	Unit /	Driver	
Unit Number Driver's License State / Number	Date of Bir	• 	Unit Type Sex V OMV O B O P O E (Train) OM O F
Name	/	11/[11]	
Name Street Address			O Driver is Owner License Type O O C O M Endorsements O CY O F O R
City State ZIP	Phone		Injury OK OA OB OC OO
Position Restraint Airbag Ejected Condition at Tir	ne of Crash Driver Dist	tracted By	Total Occupants Hospital Code Ambulance Code
Trepped O			
Citation Hazardous	Hazardous	Action Prior	Sequence of Events (M = Most Harmful Event) 14 29 34 45 45 45
Other Alcohol Suspected Contributing Factor Test Type O	Breath O Blood O	Urine	Test Results Interlock Device
○ Yes ○ No ○ Yes ○ No ○ Fleid ○	PBT O Refused O		○ Results ○ Yes ○ No Pendino
	Blood Urine Refused Not Offered		Test Results
1 10 144 0	_	ehicle	Pending
Vehicle Registration State Insurance Compa	пу		Policy Number Towed To
VIN	Year Make	Model	Color Special Vehicles Vehicle Use
Vehicle Type Location of Greatest Damage 14 impact	Extent of Damage	Vehicle Direction	Private Trailer Type Vehicle Defect
Name	Pas	sengers	Ejected O
Street Address			Sex O M O F Trepped O
City State ZIP	Phone		Injury O K O A O B O C O O
Date of Birth Position Restraint Airba	ig Hospital	Code	Ambulance Code
MMCDYYYY			
Name Street Address			Ejected ○ Sex ○ M ○ F Trapped ○
City State ZIP	Phone		
Date of Birth Position Restraint Airbo	g Hospital	Code	Ambulance Code
M M D D Y Y Y Y			
Owner Name Uninjured Passenge Phone	Age	Pos. Rest.	Address
Witness Phone Owner Name	Age	rus. Rest.	Address
Uniqued Passenge Phone	Age	Pos. Rest.	
Reported Date Reported Time			
Serial Override	Owner &	Phone	/ Public () Yes () No
Number Number			

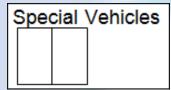
Special Vehicles



 Special Vehicles has changed from a bubble field to a value field with Tow Truck / Wrecker being the only addition.

Special Vehicles

- 1. Police
- 2. Fire
- 3. Bus
- 4. Ambulance
- 5. Farm Equipment
- Construction / Maintenance Equipment
- 7. Tow Truck / Wrecker

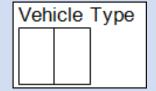




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	vised April 15, 2014	Incident #
Compilance: Required Penalty: \$100 and/or 90 days State of Michi	gan Traffic Crash Repo	
1	-	O Y ■ O №
ORI Department Name	Investigator(s)	Badge # Photos Reviewer
MI		O No
Crash Date Crash Time (Mil.) No. of Units Crash	Type O Single Motor Vehicle O Head C	n O Head On-Left Turn O Angle O Backing O Rear End
M M D D Y Y Y H H M M	Rear End-Left Turn O Rear End-Right Turn O	Sideswipe-Same () Sideswipe-Opposite () Other () Unknown
Special Circumstances None Ht and Run School Bus Spec	lai Checks O Fatal O Corrected Copy	Weather Light Road Surface Condition Total Lanes
○ Fleeing Police ○ Unknown Animal ○ R	eplace O Delete O Non-Traffic	
	RV/Snowmobile Zone-Type Work Zone-Workers Present Wo	ork Zone-Activity Work Zone-Location Contributing Circumstances
	onst. / Maint O Yes	1- 2-
	BIIIV O No	
Prefix Primary Road Name	Location	Road Type Suffix Divided Roadway
Distance Direction	Trafficway	Speed Limit Posted
Feet O Mice O North O South O East		
○ Beginning of Ramp○ End o	Remp O. O. O.	O No
Prefix Intersecting Road Name		Road Type Suffix Divided Roadway
	Unit / Driver	
Unit Number Driver's License State / Number	Date of Birth	Unit Type
	M M / D D / Y Y Y Y	Om OF Cham
Name		O Driver is Owner License Type O O O O M
Street Address		Endorsements ○ CY ○ F ○ R
City State ZIP	Phone	Injury OK OA OB OC OO
Position Restraint Airbag Ejected Condition at Time of C	ash Driver Distracted By	Total Occupants Hospital Code Ambulance Code
Trapped O 14 24		
Citation	Hazardous Action Action Prior	Bequence of Events (M = Most Harmful Event)
Other	— m	
Alcohol Suspected Contributing Factor Test Type Breath	O Blood O Urine	Test Results Interlock Device
O Yes O No O Yes O No O Field O PBT	Refused Not Offered	Results O Yes O No
Drug Suspected Contributing Factor Test Type G Blood	O Urine	Test Results
O Yes O No O Yes O No O Field O Refus	ed O Not Offered	Results Pending
Vehicle Registration State Insurance Company	Vehicle	
		licy Number
Towed By		wed To
VIN Year	Make Model	Color Special Vehicles Vehicle Use
Vehicle Type Location of Greatest Damage 1st Impact Exte	nt of Damage Vehicle Direction	Private Trailer Type Vehicle Defect
 		
	Passengers	
Name		Ejected 🔾
Street Address		Sex ○ M ○ F Trapped ○
City State ZIP	Phone	Injury O K O A O B O C O O
Date of Birth Position Restraint Airbag	Hospital Code	Ambulance Code
MMCDYYYY		
Name		Ejected 🔘
Street Address		Bex O M O F Trapped O
City State ZIP	Phone	Injury OK OA OB OC OO
Date of Birth Position Restraint Airbag	Hospital Code	Ambulance Code
M M D D Y Y Y Y		
Owner Name		Address
○ Uninjured Passenge Phone	Age Pos. Rest.	
Owner Name		Address
Uninjured Passenge Witness Phone	Age Pos. Rest.	
	age Pos. Rest.	
Reported Date Reported Time	Damaged Property	
UD-10 SERIAL NUMBER Serial Override Number	Owner & Phone	/ Public () Yes () No



Vehicle Type

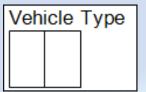


- Vehicle Type was changed from a bubble field to a value field.
- The same number of choices are still available, but they have been re-worded.



Vehicle Type

- 1. Passenger Car, SUV, Van
- 2. Motor Home
- Pickup Truck
- Small Truck (Under 10,000 lbs)
- Motorcycle
- 6. Moped / Goped
- 7. Go-Cart / Golf Cart
- 8. Snowmobile
- 9. Off Road Vehicle (ATV Type)
- 10. Other
- 11. Truck / Bus





MSP UD - 10 (Rev. 01/2016)		Revised April 15, 20	14	Page		
Authority: 1949 PA 300, 8ec. 257.622 Compilance: Required				Incident #		
Penalty: \$100 and/or 90 days	State of I	Michigan Traffic	Crash Repo	ort =====		Investigated at Scene O Yes O No
ORI D	epartment Name		Investigator(s)		Badge #	Photos Reviewer
MI						O Yes
Crash Date C	rash Time (Mil.) No. of Unit	ts Crash Type O Single	Motor Vehicle Head C	n O Head OnLeft Tu	m O Angle O	O No Backing ○ Rear End
M M D D Y Y Y Y	ннмм	○ Rear End-Left Turn ○	Rear End-Right Turn	Sidesvipe-Same () Si	teswine-Connoste (O Other O Unknown
Special Circumstances None C						ndition Total Lanes
O Fleeing Police O Unknown	n Animal	○ Replace ○ Dele	te O Non-Traffic			
County City/Two Area Treffic C		ORV/Snowmobile way Work Zone-Type Work Zon	adMorkers Present W/	ork Zone-Activity Worl	Zone-Location C	Contributing Circumstances
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		Locat		<u> </u>	\perp	
Prefix Primary Road Name		Locat	ion	Road	Type Suffix	Divided Roadway
					$\Box\Box\Box$	ON O 8
Distance	Direction	Traffic	www	Spee	d Limit	O E O W
O Feet O	Me O North O South	O EstO West O 1	02 03 04		7	O Yes
Prefix Intersecting Road Name	O Beginning of Ramp	O End of Ramp		Road	Type Suffix	O No Divided Roadway
Intersecting rood Name						ON O8
		1 1 1 1 1 1 1				O E O W
Unit Number Driver's License State	e / Number	Unit / D	niver	Unit Type		l Sex
		1 / M M		OMV O BO P	O E (Train)	OM OF
Name						
Street Address				O Driver is Owner		00 00 OM
City	State Z	P Phone				OCYOFOR
Position Restraint Airbag		Time of Crash Driver Distrac		Injury O K () A O B	Ambulance Code
Position Restraint Airbag	Ejected Condition at	11me of Crash Driver Distract	ited By	Total Occupants Hos	pital Code	Ambulance Code
	Trapped O					
Citation O Hazardous		Hazardous A	ction Action Prior	Sequence of Events	(M = Most Harmft	ul Event)
O Other				0 0	o o	🔞
Alcohol Suspected Contributing F		O Breath O Blood O	Urhe	Test Results	Berith	Interlock Device
O Yes O No O Yes O	C FIGURE 1	PBT O Refused O	Not Offered		O Result	O Yes O No
O Yes O No O Yes O		○ Blood ○ Urine		Test Results	O Results	5
O ISO NO TO ISO	No O FIEld (Refused Not Offered	:-1-	<u>: LLL</u>	O Pendin	g
Vehicle Registration	State Insurance Com	Peny Veh		Ilcy Number	1	
	Towed By		Tox	wed To	-	
VIN		Year Make	Model	Color	Special V	ehicles Vehicle Use
	\Box	\neg				
Vehicle Type Location of Greatest	Damage 1º Impact	Extent of Damage	Vehicle Direction	Private Trailer Typ	Vehicle I	Defect
		Dane .				
Name		Passe	nger5		Ejected (0
Street Address				Sex OM O		
City	State Zi	P Phone		Injury O K		
Date of Birth		rbeg Hospitel Co	4.	Ambulance Code	0 ^ 0	B 0 C 0 C
M M C D Y Y Y Y	Position Resident A	T Hospital Co		Ambulance code		
					Ц,	
Name Street Address					Ejected (
City	State Zi	P Phone		Sex O M O		
				Injury O K	0 ^ 0	B 0° 0°
Date of Birth	Position Restraint Al	rbeg Hospital Co	oe	Ambulance Code		
				Address		
Owner Name			os. Rest.	1		
Uninjured Passenge Phone Witness		Age F				
Uninjured Passenge Phone Witness Name				Address		
Uninjured Passenge Phone Witness			os. Rest.	Address		
Uninjured Passenge Phone Witness Name	Reported Time	Age F	os. Rest.	Address		
Uninjured Passenge Phone Witness Owner Name Uninjured Passenge Phone	Reported Time Serial Override Number		roperty	Address		. Public O Yes O No

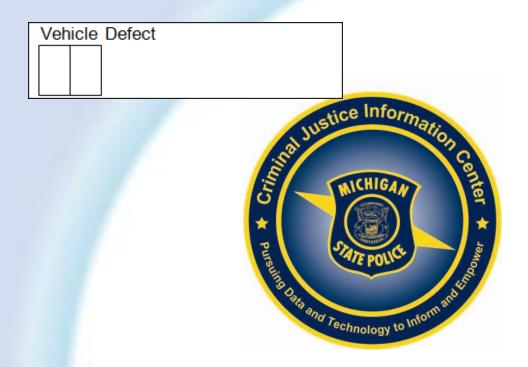
Vehicle Defect



 Vehicle Defect has changed from a bubble field to a value field and added Truck Coupling / Trailer Hitch / Safety Chains.

Vehicle Defects

- 1. Brakes
- 2. Lights
- 3. Steering
- 4. Tires / Rims
- 5. Windows / Windshield
- Truck Coupling / Trailer Hitch / Safety Chains
- 97. Other



	it / Driver	
Unit Number Oriver's License State / Number Date of Mil Mil		Unit Type Sex O M
Name	VI I V I I I I I I I	O Driver is Owner License Type O O O O M
Street Address		Endorsements ○ CY ○ F ○ R
City State Zip Phor	ne Number	Injury OK OA OB OC OO
	r Distracted By	Total Occupante Hospital Code Ambulance Code
Trapped O		
O Hazzardous	rdous Action Action Prior	Sequence of Events (M = Most Harmful Event) 1" 2" 3" 4"
Other Alcohol Suspected Contributing Factor Test Type Breath Blood	O Ume	Test Results Interlock Device
○ Yes ○ No ○ Yes ○ No ○ Field ○ PBT ○ Refuser	O Not Offered	Results O Yes O No
Drug Suspected Contributing Factor Test Type ○ Blood ○ Ufine ○ Yes ○ No ○ Fleid ○ Refused ○ Not Offe		Test Results Results Pending
1	Vehicle	renang
Vehicle Registration State Insurance Company Towed By		Policy Number Towed To
VIN Year Make	Model	Color Special Vehicle Vehicle Use
Vehicle Type Location of Greatest Damage 1st Impact Extent of Damage	Vehicle Direction	Private Trailer Type Vehicle Defect
P. Name	assengers	Ejected O
Street Address		Sex O M O F Trapped O
City State ZIP Phon	•	Injury O K O A O B O C O O
Date of Birth Position Restreint Airbag Hosp	Ital Code	Ambulance Code
Name		Ejected O
Street Address		Bex O M O F Trapped O
City State ZIP Phon	•	Injury O K O A O B O C O O
Date of Birth Position Restraint Airbag Hosp	Ital Code	Ambulance Code
Owner Name		Address
Uninjured Passenge Phone Age Witness	Pos. Rest.	1
Owner Name Uninjured Passenge		Address
O Witness Phone Age	Pos. Rest.	1
Truck / Bus		Crash Diagram
Unit # Carrier Name	North)	Crasii Cragiani
Address		
City State ZIP		
GVWR / GCWR 010,000 Lassor Less 010,001 - 26,000 Lass 0 26,001 Lassor Me		
Vehicle Configuratio Cargo Body Type HAZMAT HAZMAT ID HAZMAT C	less	+++++++++++++++++++++++++++++++++++++++
Cargo Spil		
USDOT MC MPSC		+++++++++++++++++++++++++++++++++++++++
CDL Type Endorsements O A O B O C O None O H O P O T O N O S O X		
Medical Card Exempt Remarks / Narrative	-	
O Yes O Farm O No O Other		+++++++++++++++++++++++++++++++++++++++
		+++++++++++++++++++++++++++++++++++++++
-	-	
UD -10 Serial Number	_ 	



GVWR GCWR

GVWR / GCWR O 10,000 LBS or Less O 10,001 - 26,000 LBS O 26,001 LBS or More

- GVWR/GCWR is no longer a value field, but a three choice bubble field.
 - GVWR is for a single unit truck.
 - GCWR is for a truck and trailer combination.
- The new options are:
 - 10,000 lbs. or Less
 - 10,001 26,000 lbs.
 - 26,001 lbs. or More

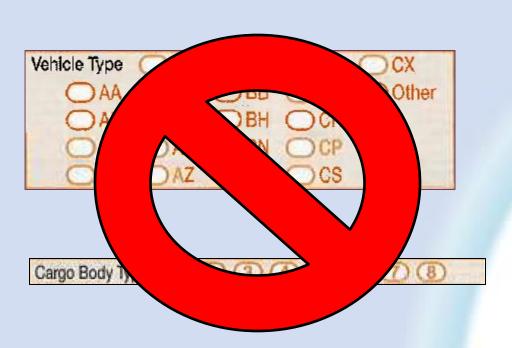


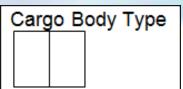
Unit / Unit Number Driver's License State / Number Date of Birth	Driver	Unit Type	Bex .
		OMVO BO PO	
Name		O Driver is Owner Li	cense Type O o O o O M
Street Address		Er	dorsements O CY O F O R
City State Zip Phone Nu	mber	Injury O K O A	0 0 0 0 0 0
Position Restraint Airbag Ejected Condition at Time of Crash Driver Dist	racted By	Total Occupants Hospital C	code Ambulance Code
Trapped 🔾			
Citation issued Hazardous	Action Action Prior	Sequence of Events (M =	Most Harmful Event)
O Hazzardous O Other			<u> </u>
Alcohol Suspected Contributing Factor Test Type Geneath Gelood G	Urine	Test Results	Interlock Device O Yes O No
○ Yes ○ No ○ Field ○ FBT ○ Refused Drug Bus pected Contributing Factor Test Type ○ Blood ○ Urine		Results Pending	0 0
O Yes O No O Yes O No O Field O Refused O Not Offered		Results Pending	
	hicle		
Vehicle Registration State Insurance Company		Policy Number	
Towed By		Towed To	
VIN Year Make	Model	Color	Special Vehicle Vehicle Use
Vehicle Type Location of Greatest Damage 1st Impact Extent of Damage	Vehicle Direction	Private Trailer Type	Vehicle Set et
Vehicle Type Location of Greatest Damage 1st Impact Extent of Damage	Venicle bilection	Private maner type	Vehicle Defect
Page	engers		
Name	engers		Ejected 🔿
Street Address		Sex O M O F	Trapped O
City State ZIP Phone			A O B O C O O
Date of Birth Position Restraint Airbag Hospital C	ode	Ambulance Code	
MMCDYYY			
Name			Ejected 🔘
Street Address		Sex O M O F	Trapped 🔘
City State ZIP Phone		Injury O K O	A OB OCOO
Date of Birth	ooe TTTT	Ambulance Code	
		Address	
Uninjured Passenge Phone	Pos. Rest.	Audess	
Owner Name		Address	
Uninjured Passenge Witness Phone Age	Pos. Rest.		
Truck / Bus	пыл		
Unit # Carrier Name	*	Crash Diagram	
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Address			
City State ZIP			
GVWR GCWR	H + H + H + H	+++++	
Placed Cargo Spli			
	\cdots		
URDOT MC MPRC			
USDOT MC MPSC	HHHHHH		
UBDOT			
MC			
UBDOT MC MPBC COL Type Endorsements ○ A ○ B ○ C ○ None ○ H ○ P ○ T ○ N ○ S ○ X			
MC			



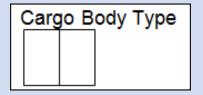
Cargo Body Type

Cargo Body type have been changed to a value field, and also combines the Vehicle Type.



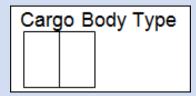


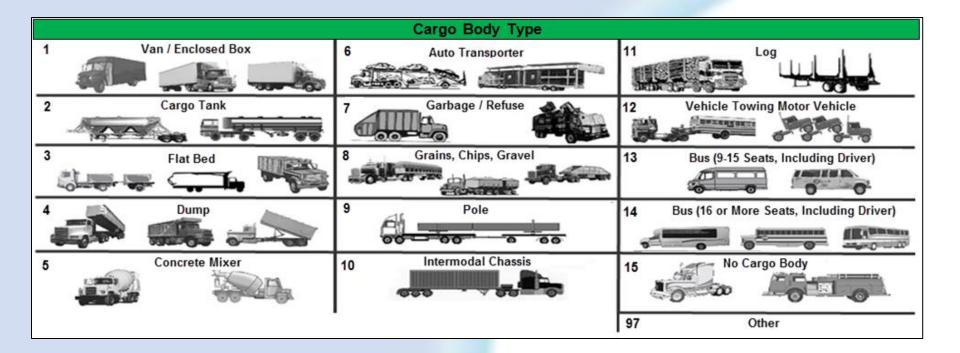




- Several new choices were added to include the following Cargo body Types:
 - Grains, Chips, Gravel
 - Pole
 - Intermodal Chassis
 - Log
 - Vehicle Towing Motor Vehicle
 - Bus (9-15 seats)
 - Bus (16 or more seats)
 - No Cargo Body



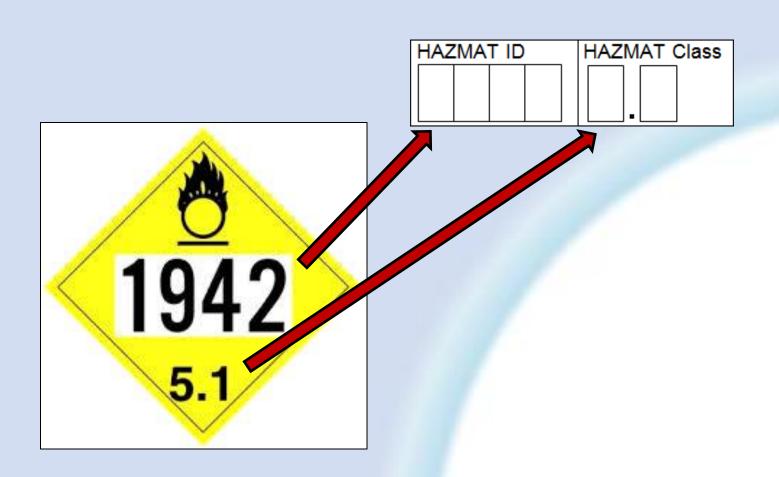


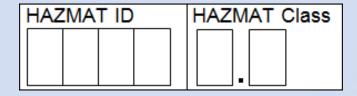


Unit / Driver			
	Driver		
Unit Number Driver's License State / Number Date of Birth	00/7444	OMV O B O P O	E (Train) Sex
Name		O Driver is Owner Lie	cense Type O o O c O M
Street Address		Er	ndorsements O CY O F O R
City State Zip Phone Number		Injury O K O A	0 0 0 0 0 0
Position Restraint Airbag Ejected Condition at Time of Crash Driver Distracted By		Total Occupants Hospital C	
Trapped O 1ª 2ª 1			
Citation issued Hazardous O Hazardous O Other	Action Action Prior	Bequence of Events (M =	Most Harmful Event)
Alcohol Suspected Contributing Factor Test Type Breath Blood Urine		Test Results Results Pending	Interlock Device O Yes O No
Drug Suspected Contributing Factor Test Type O Blood O Urine		Test Results Results Pending	1
Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle Vehi			
Towed By		Towed To	
VIN Year Make	Model	Color	Special Vehicle Vehicle Use
			Special venicle venicle size
Vehicle Type Location of Greatest Damage 1st Impact Extent of Damage	Vehicle Direction	Private Trailer Type	Vehicle Defect
Page	engers		
Name 1 ass	elikeia		Ejected 🔾
Street Address		Sex O M O F	Trapped O
City State ZIP Phone			
Date of Birth Position Restraint Airbag Hospital C	ode	Injury O K O	A O B O C O O
MMCDYYYY			
Name			Ejected 🔾
Street Address		Sex O M O F	Trapped 🔘
City State ZIP Phone		Injury O K O	A OB OCOO
Date of Blith	ode	Ambulance Code	
Owner Name Address			
Uninjured Passenge Phone Age	Pos. Rest.		
Owner Name Unlinjured Passenge		Address	
O Witness Phone Age	Pos. Rest.	7	
Truck / Bus			
Unit# Carrier Name	North	Crash Diagram	
	H		
Address			
City State ZIP			
GVWR / GCWR 010,000 LbSorLess 010,001 - 26,000 LbS 026,001 LbSorNore			
Vehicle Configuration Caroo Body Type HAZM HAZMAT ID HAZMAT Class	\cdots		
epii	 		
USDOT MC MPSC			
SSI Total			
CDL Type Endorsements O A O B O C O None O H O P O T O N O S O X			
Medical Card Exempt Remarks / Narrative			
Yes O Farm O Other	++++++++++++++++++++++++++++++++++++		
			
	H + H + H + H	++++++++++++++++++++++++++++++++++++	
	++++++++++++++++++++++++++++++++++++		
UD -10 Serial Number	 		



HAZMAT





Hazardous Materials



CLASS 3 Flammable Liquid and Combustible Liquid



CLASS 4 Flammable Solid, Spontaneously Combustible, and Dangerous When Wet: Divisions 4.1, 4.2, 4.3



CLASS 8 Corrosive





CLASS 9 Miscellaneous **Hazardous Material**

CLASS 5 Oxidizer, Organic

Peroxide: Divisions 5.1 and 5.2



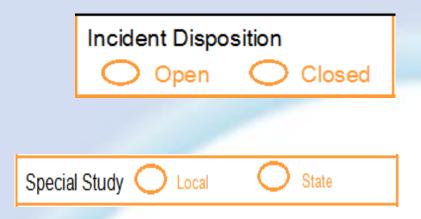


CLASS 7 Radioactive



Deleted Fields

Incident Disposition and Special Study are no longer required and have been removed from the new form.



Driveable is no longer required as a separate field, instead this information is captured under Extent of Damage.

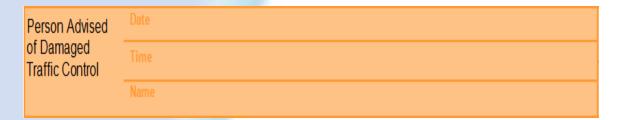


Deleted Fields

Access Control is no longer required and has been removed on the new form.



Person Advised of Damaged Traffic Control is also no longer needed and has been removed from the new form.

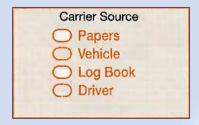


Deleted Fields

Interstate/Intrastate

O Interstate
O Intra (MI Only)

Carrier Source



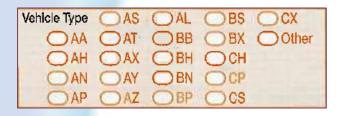
Type & Axles Per Unit



CDL Restrictions



Vehicle Type



Contact Information

Trooper Scott Carlson
Michigan State Police
Traffic Crash Reporting Unit
(517) 241-1312

Carlsons1@michigan.gov



